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THE AUSTRALASIAN JOURNAL OF  
**PHARMACY**

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Colour photograph by Frank Hurley

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products  
for  
the hair  
by



# Decore

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- ☐ Beauty Hair Spray.



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Preliminary Examination:

Commences November 19.

Entries close November 5.

Final Examination:

Commences September 1.

Entries close August 11.

Intermediate Examination:

November 3.

Entries close October 13.

By Order of the Board,

360 Swanston Street, F. C. KENT,  
Melbourne. Registrar.

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Watch this column for advice concerning  
the next Qualifying Examination

P. E. COSGRAVE,

Registrar, Pharmacy Board of N.S.W.,  
52 Bridge Street,  
Sydney.

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CHEMISTS  
ONLY**

**\* KEEP FREE OF COUGHS & COLDS THIS WINTER! \***





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1958 ADVERTISING

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This year, a new dynamic Lantigen promotion will dominate leading Sunday and Daily Newspapers and the Australian Women's Weekly.

There will be more than 8 million advertising impressions of Lantigen advertisements every month. Every month 1,620 announcements will reach the homes in Australia, through 90 leading Radio Stations.

THE COMBINED EFFECT means that Lantigen advertising will be SEEN and

Lantigen—the "Chemists Only" line with a proven record of over 22 years rising sales.

Product of

Edinburgh Laboratories (Australia) Pty. Ltd., 103 York Street, Sydney.

Representatives: **Victoria:** Edinburgh Laboratories Pty. Ltd., Askew House, Lonsdale Street, Melbourne. **Queensland:** Edinburgh Laboratories, 99-101 Edward Street, Brisbane. **West Australia:** Clayden & Carpenter Pty. Ltd., 144 William Street, Perth. **South Australia:** Edinburgh Laboratories (Aust.) Pty. Ltd., Naval Memorial House, 23-25 Peel Street, Adelaide. **Tasmania:** All "Chemists only" wholesalers. **New Zealand:** Sole Distributors, Fluenzol Pty. Ltd., Thorndon Quay, Wellington.

Nearly 6 MILLION Bottles Sold Throughout the World

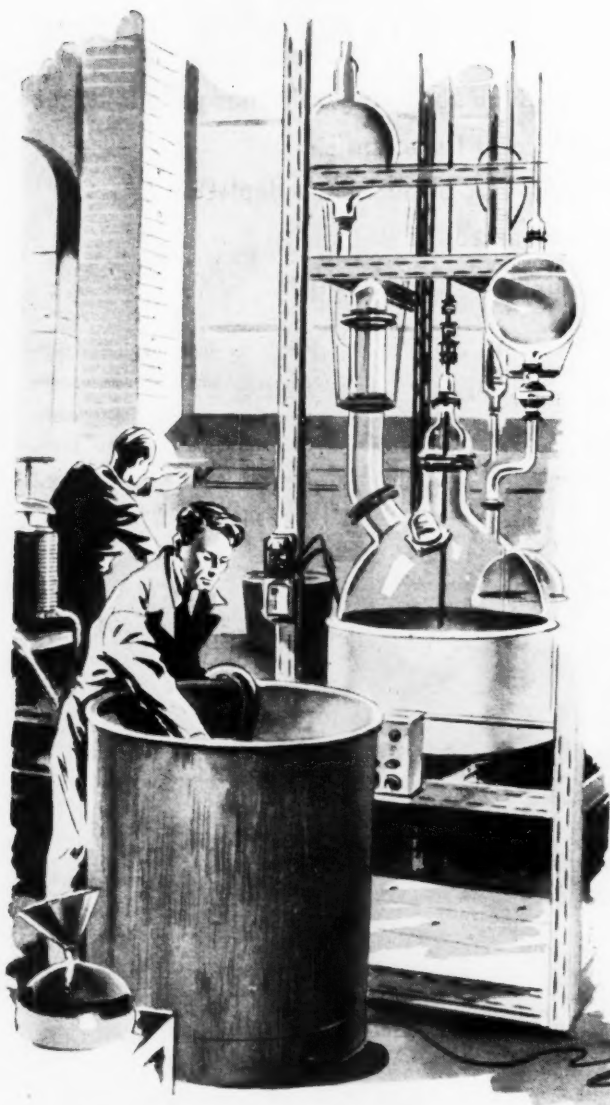
HEARD in nearly EVERY HOME IN AUSTRALIA.

This will "pay-off" in your Pharmacy—Profit of 8/4 every bottle sold by you. Here's how to identify your Pharmacy with the new dynamic Lantigen campaign.

- (1) Stock Lantigen B, C and E.
- (2) Display Lantigen showcards and leaflets prominently.

# CARNEGIES

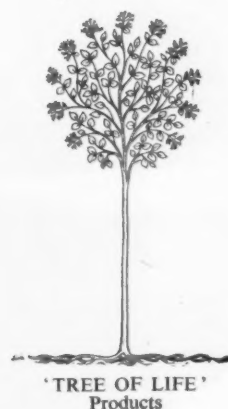
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- without developing resistance to its action
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- and without the toxic hazards of carbonic anhydrase inhibitors or mercurials

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(1958) Brit. Med. J., 1, 9.

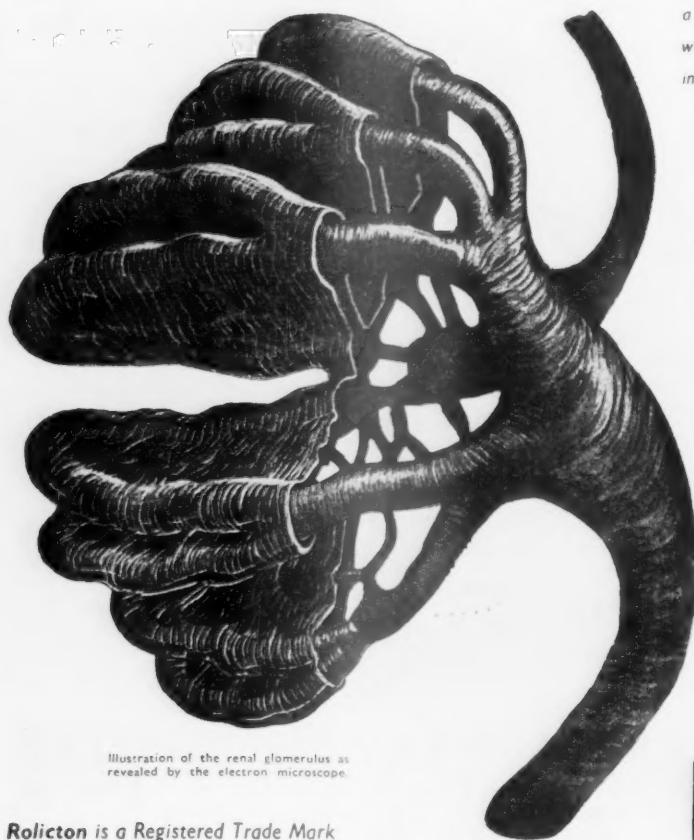


Illustration of the renal glomerulus as revealed by the electron microscope.

Available as 400 mg. tablets  
in bottles of  
20, 100 and 500.

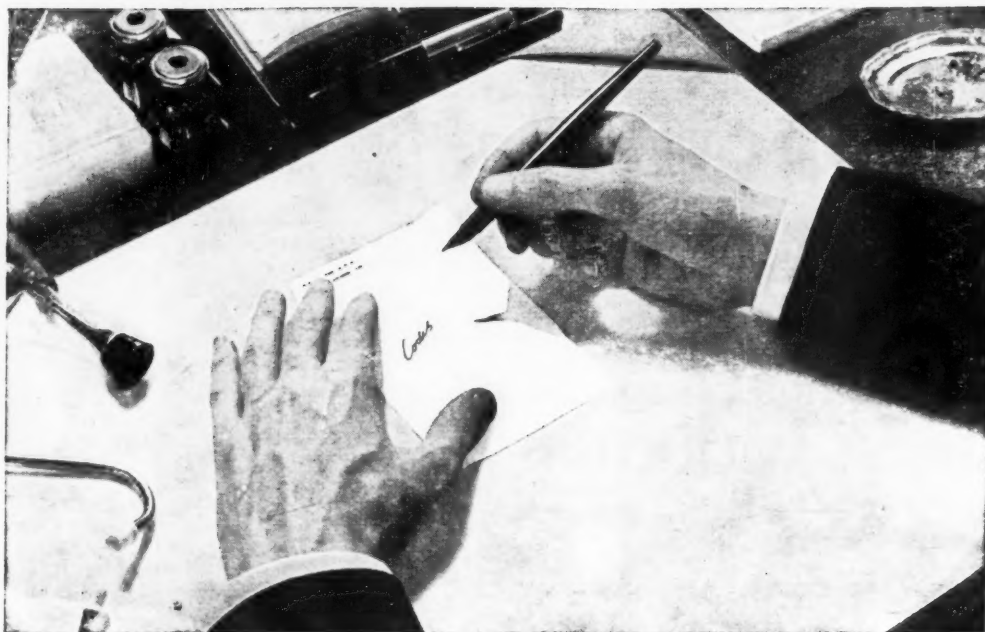
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## **'Codis'**

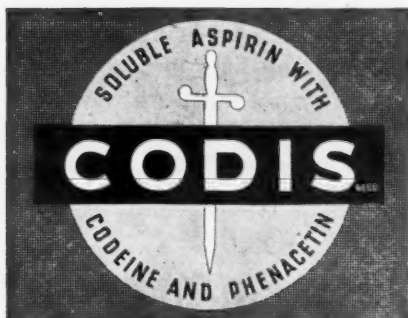
Doctors have long been aware of the value of compound analgesic preparations for the relief of susceptible pains and discomforts.

Now, it is generally agreed, a further advance has taken place in the analgesic field. Codis provides all the virtues of Tab. Codein. Co. B.P.—and more.

In Codis, agents have been added to solubilise the aspirin base of Tab. Codein. Co. In water, Codis provides—with codeine and phenacetin—calcium aspirin.

It is substantially neutral, and is therefore extremely well tolerated.

For these reasons the medical profession has widely endorsed Codis. You will find that it appears steadily more and more on prescriptions.



## **CODIS** Regd.

Composition. Each Codis tablet contains. Acid Acetylsalicyl. B.P. 4 gr., Phenacet. B.P. 4 gr., Codein. Phosph. B.P. 0.125 gr. Calc. Ca. b. B.P. 1.2 gr., Acid. Cit. B.P. (exsic.) 0.4 gr.

**CODIS IS NOT ADVERTISED TO THE PUBLIC**

DISPENSING PACKS: Prescription packs of 100 tablets and of 50 tablets in gold foils of 10 tablets each.

ALSO AVAILABLE: 16 tablets in four foils.

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Elastoplast First Aid Dressings bring you a **HIGH MARK-UP!**

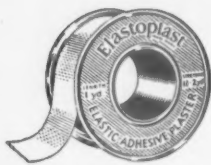
**Elastoplast DRESSING STRIPS**  
An Elastoplast best-seller! A continuous pad of medicated gauze on a lightweight Elastoplast fabric, it comes in 1 yard lengths in dust-proof cartons . . . and as little or as much as is needed can be cut when required by the buyer.



**Elastoplast First Aid DRESSINGS**  
Justly popular with the public, these comfortable Elastic Dressings stretch with the skin. They are quickly and easily applied, while a medicated gauze pad in centre assists natural healing.



**WATERPROOF ELASTOPLAST DRESSINGS**  
*are another source of proven profit!*



**Elastoplast FABRIC PLASTERS.** Made in 1 yard and 3 yard lengths unstretched, these adhesive elastic strappings stretch to almost double their length.



The biggest advertising campaign in the adhesive dressing field brings the Stockist big results!

**FULL PAGES and HALF PAGES**  
appear with sales-bringing consistency throughout the hard-hitting Metropolitan Press. Why not stock up now with these solidly supported lines? Supplies are available from all D.H.A. Houses or from your local Wholesaler.

# Elastoplast TRADE MARK FIRST AID DRESSINGS

Manufactured by T. J. Smith & Nephew Ltd., England

So safely effective . . . . .

*because it's actually*

**3 MEDICINES IN ONE!**



**ASPIRIN . . .** to relieve pain.

**PHENACETIN . . .** to help reduce temperature.

**CAFFEINE . . .** for the nervous system.

Recommend *GENUINE*

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**EYE OINTMENT**



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acute and chronic conjunctivitis and for the

prevention and treatment of infection in superficial

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MAS339



## Pharmacy in Australia

**T**O criticise one's profession or occupation would appear to be the traditional prerogative of any group of persons.

Such criticism should not be merely destructive, but based on a desire to improve conditions. It should be the outcome of faith in that calling and conviction that the members are engaged in service which fulfils some definite need. There is a tendency among pharmaceutical chemists to speak disparagingly of pharmacy. Such expressions may come from a vocal minority. They may not be the product of mature thought. They may not be uttered sincerely or seriously. If repeated frequently they can unfortunately be destructive.

Nothing can be more damaging than to decry the profession to which we belong. We may well lose our professional standing if too often we indulge in the false utterance that the practice of pharmacy consists merely of counting tablets and label scraping.

No pharmacist really believes in his heart that this is true. He knows well that he requires to possess an infinitely greater knowledge of pharmaceutical products than his predecessors in any age. It is imperative that he be familiar with the dosage, the thera-

peutic applications, toxicity, side effects and hazards of the multitude of pharmaceutical specialties in use today.

The personal responsibility of pharmacists has increased—not decreased. They stand as a safety factor between prescriber and patient. In law the chemist, just as much as the doctor, is liable in damages if he fails to detect an irregularity in a prescription and injury results. He is a professional man and expected to be fully aware of the qualities and dangers of the materials he dispenses. He must accept these responsibilities as a privilege—a privilege belonging to a respected and highly educated profession.

Pharmacy in Australia is a highly organised profession. It is strong. It is virile. It is respected among the professions; by Governments and by the community. It is unified. Its members in all branches are loyal to their leaders and organisations.

This strength has not been derived from a crumbling foundation or a tottering structure. Fundamentally we know that pharmacy in our country is a sound and wholesome profession built of men and women who have equipped themselves to render worthwhile and essential service.

## THE MONTH

### News of Pharmaceutical Events at Home and Abroad

#### *The Pharmaceutical Society in Trinidad*

A Commission of Hospitals and Hospital Faculties in Trinidad has recommended that the Pharmaceutical Society should be given statutory control over druggists, thereby divorcing them from the medical profession. This is one of the eight recommendations contained in the report of the Commission.

Other recommendations are:

- (a) That pharmaceutical services be integrated and brought under the immediate supervision of a Chief Pharmaceutical Officer and two assistants.
- (b) The National Formulary should be introduced.
- (c) There should be at each library of the general hospitals five reference books, namely:
  - The British Pharmacopoeia,
  - The British Pharmaceutical Codex,
  - The National Formulary,
  - The Extra Pharmacopoeia, and
  - The U.S. Dispensary.

#### *Coloured Tablets*

The controversy regarding colouring of tablets consisting of or containing poisons should be coloured as a warning. At one time authorities urged that tablets con-

current thought is hardening against this suggestion in view of experience showing that young children are strongly attracted to coloured tablets, which very often resemble sweets.

Recent reports from the U.S.A. indicate that there is some basis for this and one press report emanating from New York advocates that drug manufacturers should stop coloured pills and tablets in order to prevent young children from poisoning themselves.

A lead was given by two medical men, Doctors Hugh Jolly and T. R. W. Forrest, who carried out tests with 613 children of the 1-8 year age group with pills of ten different colours. They found that in their experiments the children reached more eagerly for magenta or blue pills than for black or wine coloured ones.

#### *Good Publicity*

A special pharmacy supplement published by the "Daily Mirror," Sydney, in its July 21 issue, carried very good publicity for pharmacy. The supplement consisted of eight pages, well illustrated and strongly backed by advertising of pharmaceutical lines. One of the illus-

trations depicted an assistant in a pharmacy with the caption: "This is the man who is at your service. This is the man you should know. He is your local chemist, the man who can advise and help you on many of your family problems."

Mrs. Margaret Carlisle was pictured in her dispensary in the act of writing up the Prescription Book. Alongside is a reference to the increasingly large number of women who are becoming qualified chemists. Mrs. Carlisle, who is in business at Darling Point, registered in 1951.

There is also a reproduction of a photograph of Mr. Eric Scott, Federal President of the Guild, inspecting the manufacturing plant of a pharmaceutical manufacturing company in the U.S.A.

The letterpress includes articles on the educational course in New South Wales, by Professor S. E. Wright, a statement on the new plans for pharmaceutical training at the University of Sydney by the Minister of Health, Mr. W. F. Sheahan; notes on National Health Insurance by Dr. D. A. Cameron, Federal Minister of Health; an article on the Guild, "Service Guild's Vital Task," by Mr. Leslie W. Smith, and a number of miscellaneous articles of popular interest.

The Pharmaceutical Public Relations Secretariat, which arranged for publication of the supplement, is to be congratulated on this valuable publicity.

#### *Nuffield Foundation Dominion Travelling Fellowships for Australian Graduates*

The Nuffield Foundation will continue in 1959 its scheme of offering a number of Travelling Fellowships to Australian graduates. Seven awards will be available, including—

- Two Fellowships in Medicine;
- Two Fellowships in the Natural Sciences;
- Two Fellowships in the Humanities and Social Sciences.

The purpose of the Fellowships is to enable Australian graduates of outstanding ability to gain experience and training in the United Kingdom in their chosen fields, and to make contact there with scholars working in those fields, with a view to the Fellows' equipping themselves to take up posts in teaching and/or research in Australia.

The Fellowships are intended for men or women of first-rate intellectual and personal qualities, who have already shown unusual capacity to advance knowledge and teaching in one of the fields concerned. The Foundation wishes the awards to be open on as wide a basis as possible, and applications from persons with degrees in such fields as dentistry, veterinary science, engineer-

ing, architecture, etc., as well as those in the fields already mentioned, will be welcome. Candidates must be Australian nationals, normally between the ages of 25 and 35 years, and must be university graduates holding, preferably, a Master's or Doctor's degree, and having subsequently had a year or more of teaching or research experience on the staff of a university or comparable institution.

A Fellowship will normally be tenable for one year, but in exceptional cases may be extended for a further period of a few months. The Fellowship will provide for return travelling expenses, at tourist rates, of a Fellow between his home residence and the United Kingdom and, if he is married, similar expenses for his wife; an adequate allowance will be made for the Fellow's living and travelling expenses in the United Kingdom and for his academic fees, books and other incidental expenses, as well as a personal allowance. The total value of an award, including all travelling expenses, varies with the needs and family responsibilities of the holder, but will in no case be less than £900 sterling.

A Fellow will be expected to resumé residence in Australia on the completion of the Fellowship.

Except with the express permission of the Trustees of the Foundation, a Fellow may not hold any other award concurrently with the Fellowship.

A Fellow will be required to carry out, at centres approved by the Trustees of the Foundation, a programme of research work and training, similarly approved. Other work, paid or unpaid, may not be undertaken without the permission of the Trustees. During the tenure of the Fellowship a Fellow will not normally be permitted to prepare specifically for, or to take, examinations for higher degrees or diplomas awarded by bodies in the United Kingdom.

A Fellow will be required to submit to the Trustees, at the end of the Fellowship, a report on his work during the period of Fellowship.

Should the Trustees at any time find that a Fellow neglects or has neglected the obligations of the appointment, they shall have power immediately to terminate the Fellowship.

The Fellowships will be awarded by the Trustees of the Foundation on the recommendation of its Advisory Committee in Australia.

Applications for Fellowships to begin in 1959 should be submitted not later than 19th September, 1958, to the Secretary, The Nuffield Foundation Australian Advisory Committee, University of Melbourne, Carlton, N.3., Victoria, from whom copies of the application form may be obtained. Applications must be accompanied by a programme of intended work in the United Kingdom in as specific terms as possible.

### *The World Health Organisation*

The World Health Organisation has been in existence for ten years.

In reviewing the progress of the organisation, the Director-General, M. G. Condaou, M.D., M.P.H., said: "The whole concept of W.H.O. and all the principles included in its constitution are based on this simple

truth: in our shrunken world, health, like peace and security, is indivisible, and mankind's fight to control and eradicate disease can be won only through the concerted efforts of all of us. Therefore when W.H.O. was created, arrangements were made for universal membership. Today with 88 members such universality has almost been obtained."

As a medium for the spread of medical knowledge W.H.O. organises teams of specialists for international tours, during which they demonstrate new techniques and report on new developments in public health.

The report indicates spectacular progress in a decade. Countries that are struggling to conquer age-old diseases have been greatly assisted. Remarkable results have been obtained in the campaign against yaws in Indonesia and Haiti. Similarly with syphilis. In the Ghund Valley (Simla, India) control of the disease was achieved within a few months.

The record of work makes most interesting reading and tells part of the story of the functions and activities of a body which is now taking a significant part in world health problems.

### *Doctors and the Pensioner Medical Service*

A new agreement has been entered into between the Federal Council of the British Medical Association and the Commonwealth Government on the Pensioner Medical Service. This agreement came into force on July 1, 1958.

Under the agreement fees payable to medical practitioners under the service have been increased to eleven shillings for surgery consultations and thirteen shillings for domiciliary visits. The agreement is for two years.

"The Medical Journal of Australia" devotes the Editorial in its issue of August 2 to the subject of this new agreement. It points out that the increases are much less than those asked for and represent a concessional reduction of approximately 40 per cent. on current fees.

The article concludes with the statement: "The whole story of the negotiation brings home to the medical profession in the country a lesson which our colleagues in Great Britain have learnt with bitterness and at much greater cost—that negotiations with governments and government bodies are full of frustrations. It is clear that the less the profession is dependent upon government-fixed rate, the better off it will be."

### *The Cost of Pharmaceutical Services*

#### *A Correction*

In our February issue we quoted figures of the cost of the Commonwealth's National Health Services between 1946 and 1956.

Our attention has now been drawn to an error in the figures we published. We stated that Commonwealth expenditure on National Health for the

year ended 30/6/46 was £1,111,292 and for the year ended 30/6/56, £189,858,513.

The latter figure was incorrect. It represented total expenditure for the whole period 1946-1956. The expenditure for the year ended 30/6/56 was £40,360,815. This represented an increase of 27 per cent. over the period and not approximately 100 per cent. as we stated.

### **Hands Off Paregoric**

Dr. Linwood F. Tice, editor of the "American Journal of Pharmacy," has been moved to indignation by a proposal submitted by "responsible sources in Washington" to one of the sub-committees of the United States Pharmacopoeia.

The proposal is to modify the formula for paregoric (Camphorated Opium Tincture as our own B.P. now has it) by the inclusion of calcium chloride. The idea is not to improve the efficiency of the galenical, but to discourage its misuse by narcotic addicts.

Apparently addicts are in the habit of concentrating paregoric by boiling it down, and then injecting themselves with the concentrate. The addition of calcium chloride would make the boiled-down preparation hypertonic and so too painful to inject subcutaneously.

Dr. Tice argues that it is not the proper function of the U.S.P. to change formulas in order to prevent addicts from misusing its preparations. Already Federal law requires all paregoric sales to be recorded, with the implication that sales are limited to bona fide medicinal users. Dr. Tice says that, if paregoric really is being widely misused, it should be placed on a prescription-only basis—but its formula should be left alone.—"The Alchemist," July, 1958.

### **Giant Radio Telescope for Australia**

The Minister for C.S.I.R.O., Mr. R. G. Casey, announced on August 14 that Australia's Giant Radio Telescope will be located on the outskirts of Parkes, New South Wales, some 200 miles west of Sydney. When completed it is expected to be the most important instrument of its kind in the world.

Many areas throughout Australia were investigated before the Parkes site was selected as meeting the exacting requirements for the location of this large and delicate piece of scientific equipment.

Work on the foundations will be commenced later this year, but it is not expected that the Radio Telescope will be ready for operation until the end of 1961. Its most spectacular feature will be its radio "mirror," a dish-shaped bowl 210 ft. in diameter and covered with wire mesh, whose purpose will be to pick up radio signals from the very outermost fringes of the Universe. This great dish will be supported on a reinforced concrete tower in such a way that it can be moved so as to point accurately towards any chosen object in the sky, 30 deg. or more above the horizon. It will also be able to be driven automatically and precisely so that it remains pointed at that object continuously in spite of the fact that the earth is rotating.

Mr. Casey said that Australia had already played a pioneering part in the development of radio astronomy. With the aid of this Giant Radio Telescope, Australian

scientists will be able to maintain for us the prominent position in this new and important branch of science which their work has already won. The construction of this Telescope has been made possible as a result of very generous gifts to C.S.I.R.O. from the U.S.A. (\$250,000 each from the Carnegie Corporation and the Rockefeller Foundation) and from private donors within Australia. These, together with matching contributions from the Commonwealth Government, will provide the sum of £500,000 required for its completion.

The particular design chosen has been evolved by the British firm of engineering consultants, Messrs. Freeman Fox and Partners, in close consultation with the Radiophysics Division of C.S.I.R.O., and incorporates novel features not previously used in radio telescope construction. The aerial itself (210 ft. across) will be slightly smaller than that of the only other giant radio telescope in existence (at Manchester, England). However, the surface accuracy of the Australian Telescope and the precision with which it can be pointed and driven will all be substantially higher. These are most important features in a radio telescope, and the Australian instrument is likely to be the most advanced and the most powerful of its kind in the world.

### **NEW PLANS FOR PHARMACY TRAINING IN N.S.W.**

By Mr. W. F. Sheahan, N.S.W. Minister for Health

The art of dispensing medicines, and the care and custody of dangerous drugs and poisons, is an exact science.

Your chemist has been entrusted with this duty only after having passed rigorous examinations and acquiring a practical knowledge of dispensing.

In the last 10 years there have been tremendous developments in the field of medicine.

Medical research workers have produced a host of new drugs, the best of which have come into general use for the treatment of disease and the relief of suffering.

**Full Course.**—In this period it became apparent that the pharmacist's traditional duties and responsibilities were changing.

Most of the new and older substances used as therapeutic agents were being prepared in factories under the control of chemists and biologists.

The finished products reach the public through pharmacies, and your chemist, although less concerned with extemporaneous dispensing, has been obliged to further his knowledge of drugs structures, their stability, and the best dosages forms available, so that he can be of service to doctors and the public.

The N.S.W. Government in 1952, following a report on tertiary education, decided to abolish apprenticeships as soon as possible and institute a three-year full-time course of training to degree status, followed by a year's practical experience in a pharmacy.

With the more intensified training which would then be possible, your chemist would be able to acquire further knowledge of the chemical and physical properties of drugs, besides the properties of dispensed medicines, chemical, pharmaceutical and pharmacological, and keep abreast of modern developments in the field of medicine.

The Government's decision received applause on one hand and determined opposition on the other.

I am pleased to say, however, that the new course will begin in 1960.

Pharmacy is to be given new University quarters, and additional teaching and laboratory staff will be appointed.—(From the Pharmacy Supplement of "The Daily Mirror," 21/7/58.)



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PHARMACEUTICAL ASSOCIATION OF AUSTRALIA

KODAK  
TRAVELLING SCHOLARSHIP  
Number 4 — 1959

The Pharmaceutical Association of Australia has pleasure in announcing that the directors of KODAK (AUSTRALASIA) PTY. LTD. have again donated the sum of ONE THOUSAND POUNDS, this to be awarded as a TRAVELLING SCHOLARSHIP in 1959.

CONDITIONS OF AWARD

The following conditions of award of the Scholarship have been adopted by the Executive of the Association

1. Objects of the Scholarship. The objects of the Scholarship are to enable the holder:
  - (a) to further his training by means of post graduate studies and/or research in a particular aspect or aspects of Pharmaceutical Science;
  - or (b) to investigate methods used abroad in Pharmaceutical Education and post-graduate courses for pharmacists.
  - or (c) to undertake a comprehensive study of one or more of the following aspects of Pharmaceutical practice:  
Retail and/or Institutional Pharmacy.  
The Economics of Pharmacy.  
The laws affecting the practice of Pharmacy.
2. The applicant must:—
  - (i) be a registered Pharmaceutical Chemist and a graduate of a recognised pharmaceutical establishment in Australia.
  - (ii) be not more than 35 years of age on December 31, 1958.
  - (iii) submit to the Association an outline of the project he proposes to carry out, together with evidence of ability to do so.
  - (iv) submit with the application the names of two suitable persons as referees.
3. The successful applicant will be required:—
  - (i) to reside outside of Australia for a period of not less than twelve months, and undertake studies, investigation or research in Great Britain or such other countries as may be approved.
  - (ii) to submit to the Association periodic reports on his work at times to be agreed; and a detailed report within three months after expiration of the Scholarship.
  - (iii) by arrangement with the Association, if requested, deliver a lecture or lectures or addresses on his work abroad in two or more States of the Commonwealth.
  - (iv) to give an undertaking that he will return to Australia and remain in active association with Pharmacy for at least two years after expiry of the Scholarship.
4. Applications must be addressed to the Honorary General Secretary of the Association and marked "Application for Kodak Travelling Scholarship" on the envelope.
5. The award will be made by the Executive of the Association.
6. The latest date for receipt of applications is October 15, 1958.
7. If in the opinion of the Executive no suitable application is received no award will be made.

# SCIENCE SECTION



EDITED BY A. T. S. SISSONS, B.Sc. F.P.S.

PRESIDENTIAL ADDRESS (SECTION "O," A.N.Z.A.A.S.)

## A Survey of Drug Controls

Adelaide Meeting, August, 1958

A. W. Callister, Ph.C., F.P.S.

The development of drug controls, the problems involved in additions to restricted lists of drugs; the approach to Uniform Poisons Schedules throughout the Commonwealth.

Our generation accepts control of "poisons" and of "drugs of addiction" as a matter of course. Such regulations have been in force throughout our working life and have been one of the conditions of our practice of pharmacy. It is, therefore, somewhat surprising to discover that such controls are of comparatively recent origin—the first Poisons Act in Great Britain having been passed in 1868. A Poisons Bill (including 10 poisons) was drafted in Victoria in 1857, but it was not until 1876 that the first Poisons Act and Pharmacy Act was passed by the Victorian Legislative Assembly. A Poisons Act was proclaimed in N.S.W. in 1874, and in Western Australia in 1897. In South Australia and in Queensland control of poisons was achieved by regulations under the Health Act. The principle that poisons should be controlled by persons familiar with their dangers, and made available only for legitimate uses, is now well established and generally accepted.

The Poisons Act and Regulations are made for the safety of the public. This principle is stated explicitly in the preamble to the Poisons Act 1876 (Victoria) and in subsequent amending legislation up to the Consolidating Act of 1915.

The principal measures for safeguarding the public were:—

Restriction of sale of poisons to pharmaceutical chemists and licensed dealers in poisons.

The compulsory use of warning labels.

Sales to be recorded in a poisons book.

Prohibition of sales to persons under 18 years of age, except in the presence of a witness known to the seller.

Provisions relating to the use of special containers were not introduced until 1907.

A new schedule for poisonous substances first appeared in 1915 and was enlarged in 1920. It now includes six main groups of poisonous substances:—

Poisonous substances for household use.  
Agricultural and horticultural poisons.  
Industrial poisons.  
Photographic poisons.  
Vermin destroyers.

In spite of these extensions of control the poisons lists up to this time were comparatively straight forward. The materials named in the Schedules were mostly naturally occurring substances, such as plant poisons and mineral poisons. These substances were widely known, were arranged in easily distinguishable groups, and the lists were not subject to frequent alteration. Consequently there was little confusion regarding the conditions of sale and there was considerable uniformity in control in all parts of the British Commonwealth.

### Prescription Control

The Hague Convention of 1912 required the contracting powers to prohibit delivery of Morphine, Cocaine and their respective salts to unauthorised persons. Australia became a party to the Convention in 1920, and new legislation was introduced to control the "Drugs of Addiction." The Victorian Act of 1920 saw the introduction of multiple schedules, namely:—

Poisons—Second Schedule, Parts 1 and 2.

Poisonous Substances and Preparations—Fourth Schedule.

Dangerous and Specified Drugs—Sixth Schedule.

Potent Drugs—Seventh Schedule.

The group of hypnotics, viz.: Chloral Hydrate, Paraldehyde, Diethyl-barbituric Acid, Sulphonal, together with Ergot and Oil of Tansy, were classified in Part 2 of the Sixth Schedule and known as Specified Drugs.

These items were to be available only on prescription, but were not subject to the severer restrictions and requirements including recording, which applied to the drugs of addiction. In later legislation drugs qualified for listing in the second paragraph of the Sixth Schedule if in the opinion of the Board they are likely to be

### ARTICLES

- A Survey of Drug Controls.
- Practical Aspects of Pyrogen Tests.
- Expanding Horizons in Organic Chemistry.
- X-Rays and Leukaemia.
- Irradiation Sickness.
- Studies on Ointment Bases.
- Churchill College, Cambridge.
- The Formulation of Oil 'Lotion of Calamine.
- A New Detergent That Does Not Pollute Streams.
- Methylpentynol Carbamate.
- Stability of Injections of Adrenaline and Noradrenaline.
- Oil Obtained By a Freezing Procedure From Cod Livers.

productive if improperly used of effects of such a nature as to make it expedient for them to be controlled.

The introduction of this new type of control whereby certain drugs were to be available only on the prescription of a registered medical practitioner marked a major alteration in control of drugs. The fundamental principle was to prevent illicit traffic and ensure that the drugs would only be applied to legitimate medicinal uses.

While this legislation was incorporated in the Poisons Act of Victoria, special statutes deal with Dangerous Drugs in Queensland, New South Wales, South Australia and Western Australia. Controls similar to those of the Specified Drugs of Victoria are listed under Restricted Drugs Schedules in most other Australian States.

These regulations persisted with little alteration for a number of years and there was again considerable uniformity in control throughout the member countries of the United Nations in respect to Drugs of Addiction, and reasonable uniformity in the British Commonwealth in respect to Specified or Restricted Drugs. In recent years this uniformity has not been maintained and there has been continuous addition to lists of restricted drugs and wide variation in the controls imposed in the different States of the Commonwealth on the same type of material. These variations cause many difficulties to prescribers, manufacturers and retailers and to those administering the various Acts and Regulations.

Some variations in the nature of the controls may be due to the different constitution of the controlling body. In Queensland and South Australia, control of poisons is directly administered by the Health Department; in New South Wales the Dangerous Drugs are administered by the Police Department and the traditional poisons by the Pharmacy Board; in Victoria the Pharmacy Board administers the Poisons Act, which includes Dangerous Drugs, with autonomous powers through the Health Department, and in Western Australia the Council of the Pharmaceutical Society, and in Tasmania the Pharmacy Board are responsible.

Hence there is wide variation in the personnel administering the various Acts and diversity between departmental and practising representatives. There is also a vast difference in the ease with which desirable modifications, additions and/or deletions to existing regulations may be brought about. Lack of flexibility in our State legislation is a perpetual handicap to Victorian administrators.

Geographical differences also influence the type of control imposed. Where provision has to be made for people in remote areas controls may need to be modified

to prevent hardship. Where there is no physician available for hundreds of miles, it would be impracticable to withhold supplies of Barbiturates, Sulpha Drugs and Antibiotics, while such restrictions in closely settled areas are not only practicable, but desirable. Thus an administrative body similarly constituted in Western Australia as in Victoria might bring down totally different regulations to deal with the same type of material.

Political considerations affect the type of control to which a Government will assent. Primary producers can bring powerful influence to support modifications of controls which affect their interests. To a lesser extent, this is also true of manufacturers and wholesalers.

#### New Drugs

In recent years the organic chemist has produced a wide range of synthetic chemicals of tremendous diversity and with powerful physiological action. Some of the earlier products of this development were intended to replace the old drugs of addiction. Modifications of the molecular structure of alkaloids, such as Morphine and Cocaine, were sought in which the desirable properties were retained and the tendency to addiction was eliminated. The introduction of the Sulphonamides and their many modifications stimulated the hypothesis of the Specific Chemo-Therapeutic action of Drugs and the belief that a desired mode of action of a drug in the body could be determined by a pre-designed molecular structure for the drug. This conception allied to advances in knowledge of the pharmacological action of drugs has resulted in a vast increase in the number and variety of synthetic drugs for use in medicine, industry, agriculture and pest destruction. These new substances have imposed a great strain on our existing schedules and not all of them answer to our earlier definitions of Poisons and Poisonous Substances. One can no longer take for granted the idea that all toxic substances are controlled as a matter of course since many harmful substances in frequent use are almost unrestricted, e.g., Beryllium, Cadmium, Cobalt, Nickel and Phenyl-

hydrazine, while some non-poisonous substances are restricted to prescription control, e.g., Antibiotics and Ion Exchange Resins. In fact, control of poisons has become Control of Drugs which are restricted in the public interest.

This leads to a consideration of the bases for Control of Drugs—what are the factors that determine which drugs must be controlled and what controls should be imposed?

It is obvious that controls should be limited to substances which present special dangers. The fact of wide general use of a drug of low toxicity can not of itself be made a basis for control except at the highest level, e.g., by Parliament. In the case of the tranquillisers, the



A. W. Callister, Ph.C., F.P.S.  
President of Section "O," A.N.Z.A.A.S., 1958

proposition has often been expressed that the indiscriminate use of these drugs is detrimental to the welfare of the State, and that the alertness, inquisitiveness, aggressiveness and apprehensions of the population are adversely affected. If this is true, it constitutes a social problem, the solution of which is not the province of a departmental drug authority. The tranquillisers, however, present other dangers, such as serious disturbance of psychiatric balance, hypnosis, dermatitis, etc., and it is on these grounds (medical) that controls are imposed. Similarly it has been proposed that stricter control of the open chain ureides — Carbromal and the like — is necessary because of their wide use. Until evidence can be produced of a danger other than the undesirability of too great a reliance on sleep producers, further restriction of these substances must be postponed. There is evidence that the open chain ureides are less dangerous than Aspirin and that their use has reduced the demand for the Barbiturates.

On the other hand, the dangers presented by the widespread use of a drug of addiction such as marihuana are so real and so widely recognised that strict control should be applied as soon as the danger becomes apparent and by whatever administrative body is empowered to act.

Unnecessary restriction brings all regulations into disrepute. There is literally no end to the number of materials which can be dangerous, if misused. Even Bicarbonate of Soda is poisonous in certain circumstances, and to restrict the use of all potentially dangerous drugs would be impossible. A course must be chosen where the dangers are evaluated against the legitimate uses and restrictions imposed only where the dangers are real.

These dangers are affected by a number of factors. It will be found that commonly used medicinal substances, household poisons, disinfectants and industrial and agricultural poisons are controlled because of their wide distribution and ready accessibility. Many poisonous materials which do not find such wide distribution are free from control. Thallium is a poisonous metal which for years was not controlled, but its inclusion in rat poison resulted in a wide distribution and in sensational misuse, and prompt control followed. Selenium is another example. Potassium Bromate is now found in many homes in hair bleaching preparations and may need special packaging and warning labelling in consequence.

Special materials may need special controls under Health Department regulations as distinct from poisons regulations. Radon tubes and radioactive isotopes cannot be adequately dealt with in a Poisons Schedule and may require a broader cover under the Health Act. Sodium Fluoroacetate, although included in a Poisons Schedule to ensure warning labels, authorised possession and proper storage, is controlled in Victoria by the Health Department under special regulations, and its use supervised by officers of the Department of Agriculture.

Even when controls are imposed they can never give complete protection against misuse. The drug administration attempts to direct the poisonous materials into proper channels and to provide such warnings as to enable the user to protect himself. These warnings include labelling in red with words such as "POISON," "POISONOUS," "CAUTION — NOT TO BE TAKEN," warning illustrations such as the skull and crossbones, the use of special containers distinguishable by touch even if the user cannot read or cannot see, and perhaps most important of all, verbal warnings at the point of sale. But just as all poisons are not controlled, so no warning device will give complete protection. After adequate warning it is the responsibility of the individual to protect himself and to protect children and others who may be unable to protect themselves, by careful storage and disposal of any surplus after the purpose for which the poison was obtained is fulfilled.

## Bases For Control

**Toxicity:** As already suggested the toxicity of a drug is a prime reason for control. For our traditional poisons there are published tables of recorded minimum fatal doses, and while these are incomplete and subject to wide variation because of special circumstances, they are a guide to the danger of those substances. Reference to Pharmacological Text Books and Toxicological publications will give the toxicity of many drugs expressed as the **Acute Toxicity** in terms of milligrams per kilo of body weight, the L.D.50. This is a constant for the drug and is a useful indication of its danger. For a number of drugs the **Chronic Toxicity** has been determined, and this gives the best possible indication of toxicity because of the wider range of tests employed.

**Statistics:** Annual reports of deaths by poison as are presented in the yearly reports of the State Pharmacy Boards indicate not only the number of fatalities, but also the frequency with which certain poisons are involved. Whereas Phenol — mostly in the form of Lysol — was the most frequent cause of death by poison for many successive years, latterly the Barbiturates have been responsible for the largest number of fatalities. Locket, S.<sup>(1)</sup>, of Oldchurch Hospital, Romford, Essex, in a survey of poisonings in Great Britain, discusses the number of cases admitted to hospital and tabulates the particular groups of drugs responsible. He also publishes a table of deaths by poison, prepared by the Registrar General of Great Britain for the period 1940-49. It is stated that the greatest number of deaths in Britain is due to Coal Gas or Carbon Monoxide, followed by —

- Barbiturates.
- Atropine and Nightshade Plants.
- Ferrous Sulphate and "Iron Tablets," mostly in children.
- Aspirin and Salicylates, including Methyl Salicylate. (These cases reach their peak in the age group 20-24 years.)
- Phenol and Lysol.
- Kerosene, Petrol and Turpentine.
- Corrosive Acids and Alkalis.
- Amphetamines.
- Ephedrine and Adrenalin.
- Amidone, Morphine and Pethidine.
- Antihistamines.

A significant feature of the summary is the high percentage of deaths from Ferrous Sulphate, Aspirin and Salicylates and the Kerosene, Petrol group and most of these substances are almost uncontrolled. The statement is made that "in most general hospitals Barbiturate cases are now about three times as common as Salicylates."

These figures are not comparable in all respects with those available in Australia. It is interesting to speculate on the reason for the higher incidence of poisoning by Aspirin in Great Britain than in Australia, where Arsenic and Strychnine still figure prominently. Of 65 deaths reported in Victoria to 30th June this year, 27 were due to Barbiturates and 24 to Arsenical Weed Killer. Much stricter control of the sale of horticultural preparations is necessary to combat the alarming increase of fatalities due to these Arsenical preparations.

Of course, much legislation is based on the need to prevent fatalities rather than to act after a series of deaths forces restriction. Many medicinal drugs have been controlled before coming into general use, e.g., Curarising Drugs, Antihistamines and di-nitro-ortho-cresol, and the same is true of such horticultural poisons as the organic phosphate insecticides, and of Sodium Fluoroacetate for vermin destruction. On the other hand, Potassium Chlorate was recently added to the First Part of the Second Schedule of Poisons in Victoria as the only way to prevent misuse of this substance following a long series of accidents.

The ideal control would be assessment of the poten-



# **PFEIFFER TRAVELLING SCHOLARSHIP 1959**

The Federal Council of the Guild has pleasure in announcing the Gustavus and Louise Pfeiffer Research Foundation travelling scholarship, 1959.

The scholarship is valued at \$3,375 (about £A1,500).

## **OBJECT OF SCHOLARSHIP**

The object of the scholarship is to train young Australian pharmacists for future positions of leadership within the profession by extending to them at a young age the opportunities of overseas experience and study.

## **CONDITIONS OF THE PFEIFFER SCHOLARSHIP**

1. The applicant must:—
  - (i) Be a graduate of an Australian Pharmacy Department and a registered Pharmaceutical Chemist.
  - (ii) Be preferably not more than 30 years of age on 31st December, 1959.
  - (iii) Submit to the Federal Council an outline of a proposed project, supported by evidence of the applicant's ability to carry it out.
  - (iv) Submit the names of two suitable referees.
2. The project submitted must impinge upon one or more of the following categories:—
  - (i) Teaching.
  - (ii) Advanced Studies.
  - (iii) Higher Degrees.
  - (iv) Research.
  - (v) A study of the methods and conditions of pharmaceutical practice in any of its aspects, such as Retail, Wholesale, Hospital, Manufacturing, National Health; and may include such aspects of practice as organisation, merchandising, display and advertising.

(It would be necessary in some instances for the successful applicant to visit different centres in the United States.)
3. The successful applicant will be required:—
  - (i) To reside in the United States of America for not less than ten months.
  - (ii) To submit to the Federal Council periodic reports on his work at intervals to be agreed upon, and a detailed report after the expiration of the scholarship.
  - (iii) By arrangement with the Federal Council, to deliver, if so required, a series of lectures or addresses on his work in America in two or more States of the Commonwealth.
  - (iv) To give an undertaking that he will return to Australia and remain in active association with Pharmacy for at least two years after expiry of the scholarship.
4. Applications should be addressed to the Federal Secretary, The Federated Pharmaceutical Service Guild of Australia, 18-22 St. Francis Street, Melbourne, Victoria.
5. **The latest date for lodgment of applications for the 1959 scholarship will be 30th November, 1958.**

Notwithstanding the foregoing requirements, the Federal Council may in its discretion consider applicants whose qualifications are not altogether as outlined above.

The award may be terminated at any time by the Federal Council, if there is a good reason.

The Federal Council may vary the conditions of the award, if it so desires, from time to time.



tial dangers of a new drug before allowing it to be marketed. To be effective, this requires establishment of test laboratories, with expert staff, backed by legislative powers (comparable to the powers of accreditation of the Food and Drug Administration of the U.S.A.). The high cost of such control has always prevented its establishment here. Submission of all relevant information to the controlling body by manufacturers before marketing—such information to include details of toxicity, side effects and contra-indications, would assist in framing proper controls. Even after a decision by such an authority some power of review is necessary to modify restrictions or to impose further restrictions if undesirable side effects appear after a period of use.

Those drugs which vitally affect body processes need to be controlled to prevent misuse. Drugs which interfere with physiological actions—which accelerate or depress the action of the heart, raise or depress blood pressure, or which interrupt nerve and muscle control, are examples. Drugs which act as inhibitors, synergisers, accelerators or potentiators of vital body processes or enzyme systems should only be administered under medical supervision. Many such drugs have a low Therapeutic Index and must be given in doses which are near the toxic dose and treatment must be stopped immediately danger symptoms are noted.

It is necessary to protect the user or the patient from dangers of which he is unaware and on which he is uninformed. A new drug may have harmful side effects which are not evident until it has been in general use for long periods—sometimes years. Drugs have been put on the market with widely publicised claims as a remedy for a common ailment with no warning of possible dangers or necessary precautions in use. Manufacturers have a responsibility not to over-emphasise a popular use for a drug when side effects are involved.

Phenylbutazone for the treatment of arthritic conditions is a drug for which wide demand was created by ill-advised publicity. This substance is one of a group (Pyrazolone derivatives) notorious for their ability to produce abnormalities in the blood cells. Haemolytic anaemia and agranulocytosis are among the toxic effects recorded following the use of this drug and prompt control was necessary to protect the patient from using this substance except under medical supervision.

Antihistamines were at one time recommended as a cure for the common cold. They are of little benefit for this purpose and their use involves hazards not widely recognised by laymen. Gleason, Gosselin and Hodge<sup>(2)</sup> state that "about 20 per cent. of persons receiving antihistaminic drugs complain of some untoward effects. The most common is sedation and drowsiness. Other untoward reactions referable to the central nervous system are dizziness, tinnitus, fatigue, ataxia, and blurred vision." These effects would certainly not be expected by the reader of an article advocating the use of antihistamines in treatment of colds. Such reactions make the open sale of antihistamines for motion sickness difficult to justify and such sales without prescription break down controls of antihistamines for all purposes.

#### Additions to Schedules

Alterations to the Schedules are made after detailed study of all available evidence and on consultation with a representative panel of experts.

**Drugs of Addiction:** Addition to the Schedule of Dangerous Drugs is made by recommendation of the United Nations Committee of the World Health Organisation. There is still a great deal of uniformity in the substances covered by this Schedule and in the type of control imposed.

**Specified or Restricted Drugs:** The hypnotics of the early Specified and Restricted Drug Schedules are still included in these lists, but many new drugs have been added because of the considerations outlined below.

It has been estimated that about 40 per cent. of present-day prescriptions are for drugs included in these Schedules.

**Schedules of Poisons and Poisonous Substances:** Again most of the traditional poisons for which there is a long history of control and wide experience of use are retained in their accustomed Schedules. The deletion of some of the older drugs, such as Coniine, Gelsemine and the like, has been proposed because of their infrequent use. It may well be that some of these drugs have become obsolete because of strict control, and that some adventurous opportunist might re-introduce any which were now freed.

There have been many additions of new materials to the Schedules of Poisons and Poisonous Substances. Many serious problems have been presented by new pharmaco-dynamic substances for therapeutic use and systemic poisons for use as pesticides. It is the allocation of these materials to the various schedules which poses the greatest problems.

**Antibiotics:** Controls are necessary to preserve the usefulness of a drug when widespread use may lead to loss of its effectiveness. This is particularly true of the antibiotics where inadequate dosage, topical application or unskilled administration may lead to development of resistant strains of organisms responsible for serious disease, and to development of drug sensitivity.

Controls of antibiotics such as Penicillin have been hotly attacked, at any rate control under a Poisons Act, since one of the strongest features of its early use was the lack of toxicity. The Victorian Specified Drugs Regulations included power to regulate conditions of supply of drugs "in the public interest," and this power was used to restrict supply of Penicillin and all its preparations to supply on prescription. The "public interest" in this case was preservation of the usefulness of a valuable drug. The same principle should apply to the newer antibiotics and their use limited to effective treatment of those infections for which each is specifically indicated. With Penicillin it is interesting to note that following development of sensitivity and acute anaphylactic reactions Penicillin may yet qualify literally for inclusion in a Poison Schedule.

Locket, S.<sup>(1)</sup> states: "All antibiotic ointments for local application to the skin are dangerous—Penicillin ointments and local applications—chewing gum, toothpaste, face cream, etc., are a menace." At least we could agree that preparations of antibiotics for external as well as internal use should be limited to supply on prescription.

#### Administrative Problems

The following examples illustrate some contentious problems which have arisen:—

**Approved Names:** A major problem in framing regulations for drug controls is the presentation by manufacturers or packers of basically similar drugs under a variety of trade names. This practice makes identification difficult, leads to redundancy in stocks, and is confusing to the prescriber. In a case of emergency prompt identification of the drug may be of the utmost importance. Even the statement of the chemical constitution on the label may not always clarify the position because molecular structure can often be described in several ways. The provision in regulations of a requirement that an "approved name" must be stated on the label as well as the trade name is designed to overcome this difficulty.

**Group Covers:** A new compound for treatment of a specific disease is often modified by other workers by addition or subtraction of chemical groups in various positions on the molecule. These modified forms may then appear with different trade names selected by the

manufacturers. Most of these related compounds may need to be controlled. It is undesirable to keep adding individual items to Schedules when their action is similar to that of a substance already controlled. To deal with these circumstances the practice has developed of using Group Covers or general titles which will include all related compounds of the substance listed or all compounds designed to have the same pharmacological action. Where possible, grouping under a precise chemical definition is the method of choice, but some groups of substances with similar physiological effects differ widely in chemical structure. For these a pharmacological definition qualified by chemical description is used. Still others can only be grouped pharmacologically. These group covers, therefore, are of three categories:—

- (1) Purely chemical definitions such as—
  - (a) Barbituric Acid and its derivatives.
  - (b) Sulphonamides and substituted sulphonamides. These groups show the clearest definition, include many derivatives, yet present no ambiguity.
- (2) Pharmacological definition qualified by chemical description, such as—
  - (a) Curarising and Ganglionic Blocking Agents which are quaternary ammonium compounds, such as:
    - Curare
    - Tubocurarine
    - Penta-methonium compounds.
  - (b) Ataractic substances, including—
    - Phenothiazine derivatives such as Chlorpromazine.
    - Benzilic Acid derivatives such as Benactazine.
    - 1:3 Propane diol derivatives such as Meprobamate.
    - Benzhydrol derivatives, such as Azacyclonal.
    - Piperazine derivatives such as Atarax.
    - Methyl-pentynol.

The chemical description limits the pharmacological description to the types of compound specified.

- (3) Pharmacological definitions which are confined to named examples, such as—
  - (a) Anticoagulants and their precursors, such as:
    - Dicoumarol
    - Heparin
    - Hirudin, and others.
  - (b) Convulsant substances, such as:
    - Leptazol
    - Nikethamide, and others.

Manufacturers have protested that these groups are too wide—that Salicylates could be described as Anti-coagulants and would thus be covered by these regulations. As Salicylates are not named as anti-coagulants for the purpose of the schedule they are excluded from the controls of the Schedule.

These definitions have worked well in practice and have proved beneficial in determining the control of a new drug not specifically named in a Schedule. If there is a doubt as to whether a particular substance is controlled under these definitions an application should be made to the administrative body for a ruling, and such enquiry before marketing is most desirable in any case.

**Derivatives:** Objection has been raised to the use of the term "Derivatives" in regulations, on the grounds that the term is applied to substances not actually "derived" from the named examples in the dictionary meaning of the word. The barbiturates exemplify this position perfectly, thus—

Barbitone — is di-ethyl barbituric acid.  
Phenobarbitone — is phenyl-ethyl barbituric acid.

Pentobarbitone — is ethyl-methylbutyl barbituric acid. These are all closely related compounds in which various organic radicles are attached to the same nucleus. None of these compounds are "derived" from barbituric acid in the sense of using barbituric acid as the starting point in their manufacture. Yet they are all commonly regarded as derivatives of barbituric acid in a chemical sense, since they are all modifications of the barbituric acid molecule, and all exhibit the property of sedation in gradation. Their structural relationship is demonstrated by comparison of the different groups attached to the same nucleus, and their difference in pharmacological action explained by these differences in structure. It is, in fact, a chemical interpretation of the word "derivative" rather than the precise dictionary interpretation and one that can be stated to be accepted chemical practice.

**Percentage Limits:** Percentage limits or permissive limits have been used to permit preparations to be sold containing a medicinal dose of a poison in a form not likely to be taken as a toxic dose. To allow the medicinal use of a powerful drug in preparations which are not dangerous when used according to directions. Strychnine in tonics, Codeine in analgesics, barbiturates in mixtures are examples of presentation of a drug normally controlled, in a form which is reasonably safe. Warfarin as a rat poison is another example.

A different use of the percentage limit was made in the case of chlorinated aromatic compounds in household preparations of Dicothane and Gamma Benzene Hexachloride. These substances as such are included in a Schedule which requires licensing of vendors, suitable containers and the warning "Poisonous—Not to be taken." Most of the preparations for household sprays contain a low percentage of active substance so that preparations containing less than 10 per cent. of Dicothane and less than 15 per cent. of Gamma Benzene Hexachloride were exempted from the Schedule provided that suitable warnings for use were printed on the labels. Such warnings as "Do not spray on food or food utensils" and "Wash hands after using" enabled preparations to be sold by any vendor, without labelling "Poisonous—Not to be taken," and not in a special container. The limiting effect of the restrictions of the schedule was used to enforce labelling more likely to ensure safety in use, than the normal labelling required by the Schedule. To label a preparation "Poison" or "Poisonous" should ensure that it will not be taken by mouth, whereas these preparations present danger by skin absorption and absorption in foods through indiscriminate spraying.

**Permissive Limits** minimise interference with established practice and avoid hardship. When controls on Morphine were introduced the percentage limit of 0.2 per cent. was intended, to permit the continued use of Morphine as a cough suppressant. It has been suggested to the Victorian Board that this permission could now be withdrawn and that this exemption is responsible for the high consumption of Morphine in this country. Alternative drugs are available for the treatment of coughs, and removal of this provision as far as the use of Morphine in proprietary medicines is concerned would be a progressive step in the prevention of addiction and in the reduction of the total consumption of Morphine in Australia.

**Exemptions:** Many drugs which are strictly controlled as the pure substance and in most admixtures may be exempt when mixed with a suitable denaturant. Some of these admixtures are referred to as therapeutic denaturants. The classic example is the preparation known as "Dover's Powder"—Powder of Ipecacuanha with Opium. In the treatment of chronic conditions, admixtures of Phenobarbital with drugs which prevent its misuse have been exempted in Victoria from the full requirements of the Specified Drug Regulations. These are preparations containing not more than  $\frac{1}{4}$  grain per dose of barbituric acid (or a derivative) with not less

than  $\frac{1}{2}$  grain of Ephedrine, or not less than  $\frac{1}{4}$  grains of Aminophylline or not less than 5 grains of Theobromine, or not less than  $\frac{1}{3000}$  grain of Atropine. Such limited exemptions have proved a great convenience to patient and prescriber and have not led to abuse.

These preparations of Phenobarbital, as well as a number of other drugs restricted to prescription supply are covered in Victoria by special regulations and are known as Special Specified Drugs. In brief, the control is, that supply can only be made initially on the presentation of a prescription of a registered medical practitioner. The prescription is not subject to cancellation and may be dispensed whenever the patient desires. This enables an asthmatic patient whose symptoms are relieved by a tablet of Ephedrine and Phenobarbital to obtain supplies whenever necessary. Similarly the patient subject to seasonal attacks of hay fever which are relieved by an Antihistamine does not need to revisit a physician on each recurrence. Antimalarial drugs are similarly covered.

There is a sufficient number of such drugs which fit such circumstances as to warrant a special schedule for their listing. Many of the newer drugs intended for use under medical direction might well be placed in such a classification till sufficient evidence of their properties is obtained. The prescription proprietary of today often becomes the patent medicine of tomorrow and such a control would prevent general sale until its safety was established.

Another type of exemption is sometimes used to allow preparations of controlled drugs for external use to be sold without prescription. In the case of the Antihistamines the recorded toxic effects are from oral ingestion of tablets or from injection. The presentation of Antihistamines in lotions or creams for external use is free from danger and such preparations need only prescribed labelling requirements before sale. Similarly there are many possible dangers associated with unskilled administration of Sex Hormones, but less risk for the presentation of these drugs for veterinary use; hence, these also are exempted from prescription control in Victorian regulations. Other exemptions may be made for use of restricted drugs in industry or agriculture. Inclusion in a Schedule may be qualified by "when intended for human use," or if labelled "For Veterinary use only." Strychnine for vermin destruction, Arsenical sprays, sheep dip solutions, weed killers and other powerful poisons have long been available under modified controls to prevent hardship to primary producers. Industrial users of Cyanide may by-pass the tedious controls designed to prevent the misuse of Cyanide by those less familiar with its danger.

Complementary legislation often accompanies such exemptions, requiring the user to provide special safety equipment, a first-aid cabinet for Cyanide poisoning, protective clothing when using Organic Phosphate sprays, the display of printed warnings of dangers associated with using, diluting, or repacking in smaller containers. Special package sizes may be specified to ensure that sales are not made in small quantities to persons who have limited uses for the material and who would be less aware of the dangers involved.

**Special Provisions for Veterinary Purposes:** Treatment of animals with drugs is today more extensive than before and many drugs controlled for administration to humans are also used for animals. The Sulphonamides, the Antibiotics and now the Tranquillisers are widely used in veterinary medicine. The controls imposed for human use may involve hardship for veterinary use and many modifications have been made in the original regulations. Where a veterinarian is in practice a prescription must be obtained for supply of a Specified Drug. If an Antibiotic is concerned, the special provisions mentioned earlier enable the prescription to be repeated if required. This allows a stock owner who

obtains a diagnosis to procure further supplies if other animals in his herd become affected, or if symptoms recur which he can recognise on a subsequent occasion, without another visit from the veterinary surgeon. The effect of the control is to limit supply of the Antibiotic to the owner who may readily recognise further cases, but prevents indiscriminate use by people who may not be capable of accurate diagnosis.

A much wider modification has recently been made in Victoria to deal with a growing problem of veterinary use of certain drugs. A summary of these regulations is as follows:—

- (a) **A Pharmaceutical Chemist** in places where it is not reasonably practicable to obtain a written prescription of a veterinary surgeon, may, without such prescription supply for bona-fide veterinary purposes, any of the Sulphonamides or substituted Sulphonamides, or Penicillin, or a preparation containing any of the Sulphonamides.
- (b) **A Pharmaceutical Chemist or a Licensed General Dealer in Poisons** may supply without a prescription, in the original unopened container as supplied by the manufacturer for veterinary use, a proprietary preparation of any of the Sulphonamides which is not intended for human use and is packed in a container labelled in accordance with the provisions of the Poisons Regulations and bearing in addition the words "For Veterinary Use Only—Not intended for use by human beings."
- (c) **A Pharmaceutical Chemist or Licensed Dealer in Poisons** may, without a prescription, supply a preparation containing Chloramphenicol in solution specifically for the treatment of foot rot or in the form of an ointment for treatment of pink-eye, if such preparations are labelled "For Veterinary Use Only—Not intended for human use."
- (d) **A Pharmaceutical Chemist or Licensed General Dealer in Poisons or a person licensed to sell poisonous substances** may sell a preparation of Penicillin in cream or ointment form, or in the form of teat bougies—if the container is prominently labelled "For Veterinary Use Only—Not intended for use by human beings. Wear rubber gloves when applying."
- (e) **Any person** may, without a prescription, sell any animal or poultry food containing Antibiotics which is intended for use only as a supplement for animal or poultry food if such preparation is registered under the provision of the Stock Foods Act 1936 or of the Stock Medicines Act 1937 and is not represented as being of use in the cure, mitigation, treatment or prevention of disease.

These regulations demonstrate a gradation of authority, in which sales are made by nominated vendors, of preparations for nominated uses in accordance with the capabilities of the vendors. Exemptions of special products are made for special needs to prevent hardship.

#### The Poisons Advisory Panel (Vic.)

In order to obtain the widest possible information of the effects and dangers of drugs, the Pharmacy Board of Victoria, by invitation, set up a panel of advisers in 1947 to evaluate the potential dangers of drugs and to recommend suitable controls where necessary. The members do not represent sectional interests in the sense of being advocates of any group. They provide the best scientific information available and constitute a liaison between interested Government Departments. The Panel is constituted as follows:—

Mr. H. A. Braithwaite—Chairman, Member of the Pharmacy Board.

Mr. A. T. S. Sissons—Dean of the College of Pharmacy, Fellow of the Australian Chemical Institute.



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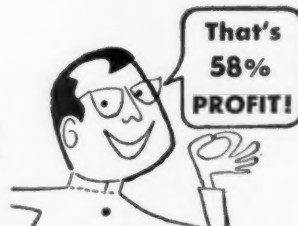
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Dr. B. L. Stanton—Practising consultant physician, a specialist in physiological uses of drugs.

Professor F. Shaw—Professor of Pharmacology in the University of Melbourne, with wide experience in research.

Dr. A. Christophers—of the Division of Industrial Hygiene of the Health Department of Victoria.

Mr. W. Jewell—State Chemist, attached to the Department of Agriculture. Member of the Food Standards Committee, Chairman of the Interdepartmental Pesticides Committee, Member of the Stock Medicines Board.

Mr. J. Wright—Chief Information Officer of C.S.I.R.O. who presents the views of experts in C.S.I.R.O. departments and makes available to the Panel extracts from world literature.

Mr. Ablitt—of Commonwealth Department of Development.

Dr. N. McCallum—Pathology Department of the University of Melbourne. An expert in Forensic Chemistry.

Messrs. S. J. Baird, A. W. Callister and N. C. Manning—Members of the Pharmacy Board.

The Board refers enquiries to the Panel on details of control of new substances which present special problems, or problems concerned with new uses for drugs already controlled, or controls for which competent and authoritative advice is required, e.g., the appropriate control for an organic phosphate derivative with an L.D. 50 of 500 mg./kilo. intended for internal use as a vermifuge for sheep

or  
The necessary control for certain atropine esters of reduced toxicity which are also quaternary ammonium compounds and ganglionic blocking agents.

Although expert advisers sometimes differ, the practical experience of the members of the Board results in the adoption of a course of action which provides adequate control and allows for all known uses of the substance, yet prevents misuse.

The Panel would be strengthened by the inclusion of a spokesman for the Ethical Manufacturers' Association. Nothing but good could follow an invitation to manufacturers to share in the responsibility of designing suitable controls for their products. Prevention of misuse of a preparation is as vital to a manufacturer as to a retailer, and he should have an opportunity to share in the discussion, to present any special information about the product, to hear at first hand the views of the specialist members and to accept the responsibility of shaping the nature and extent of the controls imposed, and of explaining them to his organisation. Such representation would prevent misunderstandings and do much to improve the co-operation of all the parties concerned.

Controls may be too academic and this can easily happen when imposed by experts out of contact with practice. The practising chemist has an important role in framing control of drugs. His contact with the user, his awareness of the practical effect of the application of a control, his experience as a distributor and seller of poisons, and his qualifications as dispenser are invaluable in framing controls on drugs. There are many poisonous substances still uncontrolled by regulation which are never available for illegal purposes because of the control of the pharmaceutical chemist, who will satisfy himself both as to the legitimate use of the poison and as to the suitability of the purchaser, will issue warnings, attach suitable labels, and select a container which cannot be mistaken for a food container.

There is often a divergence of opinion on the question of the degree of control. Should all drugs with a pharmacodynamic action be subject to full prescription control, or is there a place for the sale of some such substances under cover of the poisons Schedules? Departmental medical opinion frequently advocates com-

plete medical supervision while the Pharmacy Board may recommend a degree of restriction under a Poison Schedule. Such a course is often supported by the practising physician who dislikes being called upon to write a prescription for a substance the patient can use without danger. This was well illustrated by a recent discussion on the control for Digitalis and Digoxin. It was expected that the Panel would recommend supply of these drugs only on prescription, but the discussions showed a widely held belief that the patient who might need treatment with Digitalis for long periods was often better able to judge his day to day requirements than the physician who saw him occasionally. The supply of Insulin is another instance of the inadvisability of restricting supply to prescription only, whereby unnecessary delay is involved in an emergency and where the patient is using a prescribed dose. Strict prescription control is often advocated for Adrenalin Solution, but here, too, emergency purchases should be possible for the sufferer from Asthmatic spasm.

### Uniform Schedules

The method adopted throughout Australia and the regulations designed to cover all the developments in the field of drug controls vary widely from State to State. The multiplicity of regulations seriously interferes with commercial dealings. The labelling requirements differ in the warning phrases required, some States require prescription control of an item which may have a permitted sale elsewhere under certain restrictions. Not all States require the use of the approved name, nor the declaration of percentage content of a scheduled ingredient. Most require the retailer to attach his name and address to any preparation containing poison. To accommodate all the required information on a small label may require such small type that the warnings are almost unreadable.

Just as important is the variation in control from the point of view of the retailer. A purchaser who may obtain an article freely in his home State may be refused the same article across the border—possibly only a few miles away. Travellers are repeatedly irritated by their inability to obtain supply of what has become to them an habitual purchase. Such variations bring the whole system of control under abuse and ridicule and regulations are often broken under such circumstances. This leads to a general tendency to disregard the law in such matters. Methods devised to control the use of a drug in any one State can be defeated by lack of control in an adjoining State.

Obviously there are many advantages to be gained from Uniform Poisons and Drug Control for the whole of Australia. Uniform Schedules, the requirements of which are plainly expressed, capable of understanding by all parties and common to all States will bring about better compliance with regulations, remove misunderstanding and simplify commercial dealing. Local conditions may require certain local exemptions, but these need not interfere with the standard labelling and packaging requirements. If such grouping cannot be agreed upon for all the substances in all the Schedules, it should be possible for a large proportion thereof.

Uniformity might be accomplished in one of two ways—

(1) Through the Commonwealth Department of Health. In order to control imports under the Therapeutic Substances Act the Commonwealth Health Department requested the National Health and Medical Research Council to consider the introduction of legislation to provide uniform labelling and packing of poisons, common to all States. A Committee was appointed to consider the matter and recommended the acceptance of a series of new Schedules which in broad detail are as follows:—

(a) Poisons of high toxicity.

- (b) Poisons of lesser toxicity, but dangerous if mis-used or carelessly handled.
- (c) Drugs restricted to specially qualified vendors and with special labelling requirements.
- (d) Prescription only drugs.
- (e) Poisons for household and domestic use.
- (f) Poisons for agricultural and horticultural use.
- (g) Specially dangerous poisons for agricultural use or as pest destroyers.
- (h) Drugs of Addiction.

Lists of drugs in each of these categories were prepared. These were considered at several conferences by representatives of the Federal Health Department and State Administrative Authorities. Agreement was reached on a large proportion of the items listed in each of the Schedules, but there are still some items upon which there is not yet complete agreement and progressive effort will be necessary to produce unanimity. Conditions of sale were not the primary consideration of this classification though to some extent this will be inherent, e.g., Schedule (1) poisons will require sale under cover of a Poisons Book entry. State regulations may still be necessary to exempt or tighten control of sale where necessary without affecting the main features of the proposals.

To bring this about it will be necessary for each State to adopt the new Schedules simultaneously, either by means of a new Poisons Act or by Regulations through State Health Departments as in South Australia and Queensland.

It has been proposed that a Central Committee be established by the Commonwealth Health Department to make recommendations to each State regarding the items to be included in each Schedule from time to time and to set out the conditions of labelling and containers for each group. Such a Committee should of necessity include advisers with wide representation of expert information. Each administrative State body should be represented, since conditions differ so widely throughout the Commonwealth. The cost of bringing representatives from all over Australia to central meetings in Canberra to maintain such uniform schedules and to deal with the constant revision would be very high. Yet such a task can hardly be accomplished by correspondence. Where administrators are firmly convinced of a desirable course of action, or have moved to close a possible source of misuse, only the closest personal discussion can have any hope of reconciling opposing viewpoints. State authorities will not readily accept advice which differs from or is less authoritative than that received from their own advisers. The application of controls is so essentially a practical matter that any suggestion of a central bureaucratic control without contact with use will be rejected.

Even if a suitable representative committee is established, decisions must then be referred to State authorities for implementation. In the case of disagreement objections must be forwarded to the Central Committee, circulated to other States, the results of these considerations referred back to the Central Committee and any modifications then re-presented. This is a time-consuming procedure, but for general acceptance it is hard to see how such routine can be avoided if full co-operation is to be attained.

Achievement of uniformity in this way will be difficult and may require some subordination of State rights to Commonwealth direction.

(2) An alternative procedure may be adopted as described by Landers, P. G. (3), "A.J.P.," September 20th, 1952, concerning methods of obtaining uniform control of proprietary medicines throughout Swiss cantons. Here the problem was dealt with by achieving uniformity first between several Cantons and then by gradual extension until all were in agreement.

It might be easier to arrive at agreement between two adjoining central States. Once the nature and type of the necessary Schedules are worked out, and this has largely been done, then the allocation of the items to such Schedules could be decided by representatives of the two States. Adjoining States have many common problems and with co-operation and lack of prejudice it would be possible to remove anomalies and reach agreement. This procedure could then be repeated with the State adjoining the outer boundary of each of the central States and overall agreement reached economically and adopted by the Commonwealth.

Problems of revision would need a similar approach and there should be agreement that conference between States and exchange of views before action was taken should replace unilateral action.

### Conclusion

It would appear that the reasons for control of drugs are so diverse and that conditions differ so widely from State to State that principles for the basis of control can only be expressed in the most general terms. These restrictions are imposed in the public interest because of toxicity, misuse, dangerous side effects and for the preservation of antibiotic drugs from factors which limit their usefulness.

The range of materials which it is sought to control is so extensive, constantly expanding, and so subject to new uses and applications that provision must be made for frequent review. This requires a committee of expert advisers, disinterested, with strong representation from practice, and supported by legislative power to impose such controls as are deemed necessary. Such legislative enactments must be capable of ready alteration to meet changed conditions and to act on new information.

Close inter-departmental co-operation is essential. Representatives of the Health Department, the Department of Agriculture, Industrial Hygiene and Pharmacy Boards should meet regularly to ensure integration and co-ordination of respective regulations.

Labelling and packaging regulations of poisons must be sufficiently comprehensive to provide complete instructions to cover any product which contains a scheduled poison. These regulations should specify type of container, appropriate warnings and should be specific enough for any one to determine the statements to appear on any label. These should include declaration of content of poison, and an approved name.

A determined effort should be made to establish Uniform Poisons Schedules, which would apply in all States with the same basic control and the same labelling and packaging requirements. If for any reason the basic control on any individual drug should be varied in any State this should be done by regulation in such a way that the labelling and packaging requirements are unaltered.

Uniform Poisons Acts or Regulations should be proclaimed in each State simultaneously.

Experience should be shared between States by periodical conferences.

Administrative and Advisory Committees should have strong practical representation to ensure that restrictions will command acceptance by practitioners.

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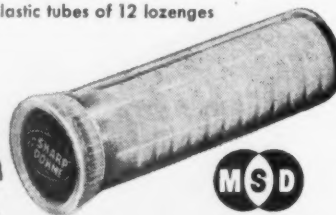


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## PRACTICAL ASPECTS OF PYROGEN TESTS

By T. D. Whittet, B.Sc., Ph.D., F.P.S., F.R.I.C., D.B.A.,  
Chief Pharmacist and Lecturer in Pharmacy, University  
College Hospital and Medical School.

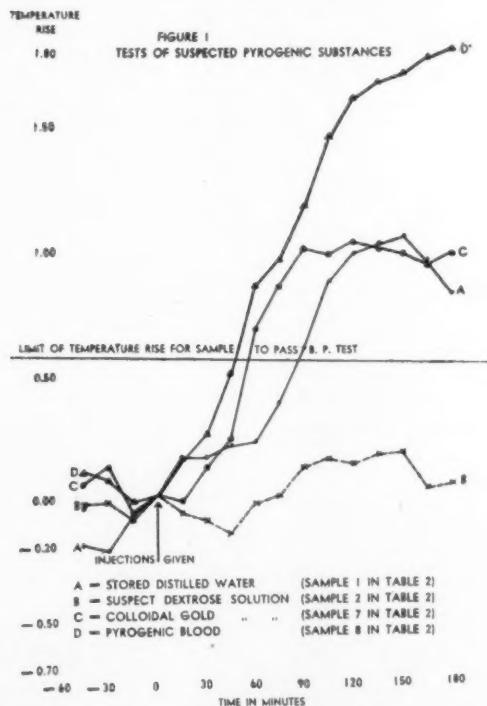
A Paper Presented to the Annual General Meeting of  
the Guild of Public Pharmacists, at the Apothecaries'  
Hall (London) on May 31, 1958.

Because serious pyrogenic reactions are comparatively rare there has been a tendency in some quarters to assume that the risk is negligible and to suggest that those who call attention to possible dangers of such reactions are exaggerating the importance of the subject. This is most emphatically not the case. Whilst apyrogenic solutions can be prepared with relatively simple apparatus in any well equipped pharmacy, if adequate precautions are taken and a good, well-baffled still and pure drugs are available, any carelessness or relaxation of essential precautions will soon lead to serious trouble.

The fact that so few reactions are reported is a tribute to the skill and care exercised by pharmacists in the preparation of intravenous infusion fluids.

The history of the subject, details of sources of pyrogens and suggestions for controls were reviewed in a paper presented at the 1953 symposium on pyrogens.<sup>1</sup>

The present paper gives the results of a series of routine tests on solutions made in the hospital pharmacy

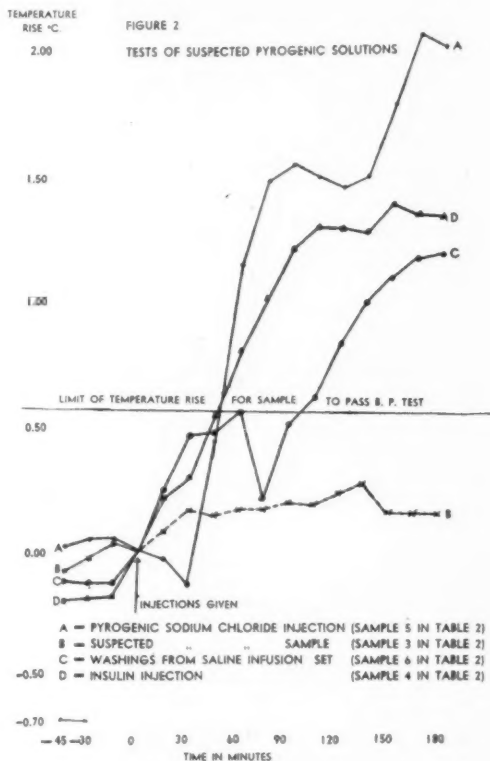


macy and shows that, although many such preparations have been tested, none has been found to be pyrogenic. Several examples of routine tests are given in Table 1. Most of these were done before the new B.P. test became official, so that the criterion for passing the B.P. test was that the mean temperature rise in three rabbits must be below 0.6 deg. C. Most of the samples would also pass the new test which is slightly more stringent and all are well below the figure of summed responses

which would cause them to fail the new test. One of the advantages of the new test is the direction to repeat a test with further groups of rabbits in the case of doubtful results. This makes the test much more reliable. The old test was always unsatisfactory when the result was borderline.

### Tests of Substances Suspected of Being Pyrogenic

The paper also describes investigations carried out on several preparations alleged to have caused pyrogenic reactions in patients. Examples of the results of the



these tests are shown in Table 2 and Figures 1, 2, 3 and 4. Most of the reactions investigated have been found to be due to some fault in technique on the wards and none has, up to the present, been traced to faults in preparation.

### Comments on Results in Table 2

Sample 1 was from a stainless steel storage tank in the manufacturing laboratory. Water is distilled directly into this tank from the still. The only apertures in the tank are the tube from the still, an air inlet with a filter attached and the tap for withdrawing water. The tank is flushed out with steam about once in three months. In spite of this the water is strongly pyrogenic.

Sample 2 was a 5 per cent. solution of dextrose made from a sample of the drug found to be dirty with foreign matter present. Nevertheless it proved apyrogenic.

Sample 3 was a specimen from a batch of sodium chloride sent by a manufacturing firm as being pyrogenic. It was not found to be pyrogenic and later the senders stated that they had found it to be apyrogenic on further testing.

Sample 4 was a batch of insulin injection from another hospital which had caused severe rigors in several subjects. It was confirmed as being highly pyrogenic.



**TABLE 1**  
**ROUTINE PYROGEN TESTS ON VARIOUS PREPARATIONS MADE IN THE HOSPITAL PHARMACY.**

Date	Sample	Rise in Temperature Degrees C.					Result
		1	2	3	Total	Mean	
5/2/54	Freshly Distilled Water	1.03	0.18	0.20	1.41	0.47	Passes B.P. Test
5/2/54	Dextrose injection	0.50	0.20	0.38	1.08	0.36	" " "
8/2/54	Ringer's solution	0.18	0.25	0.13	0.56	0.18	" " "
8/2/54	Hartmann's solution	0.03	0.45	1.13	1.61	0.54	" " "
11/2/54	Freshly Distilled Water	0.35	0.00	0.35	0.70	0.23	" " "
11/2/54	Dextrose injection	0.33	0.45	0.33	1.11	0.37	" " "
4/5/54	Calcium gluconate (1)	1.25	0.88	-0.02	2.11	0.70	Doubtful
6/5/54	Repeat of above	0.35	0.25	0.45	1.05	0.35	Passes B.P. Test
6/5/54	Calcium gluconate (2)	0.45	0.20	0.35	1.00	0.33	" " "
6/5/54	Congo red injection (1)	0.30	0.28	0.45	1.03	0.34	" " "
15/6/54	Congo red injection (2)	-0.10	0.28	0.15	0.33	0.11	Passes B.P. Test
29/6/54	Congo red injection (3)	0.25	0.80	1.10	2.15	0.72	Doubtful
14/10/54	Repeat of above	0.55	0.45	0.25	1.25	0.42	Passes B.P. Test
22/11/55	Congo red injection (4)	0.15	1.08	0.10	1.33	0.44	" " "
4/7/56	Invert sugar ethanol injection	-0.27	0.40	0.50	0.63	0.21	" " "

Sample 5 was a bottle of physiological saline injection which had produced a severe rigor in a patient in another hospital. It was confirmed to be highly pyrogenic. It was later learned that the bottle had been opened and a little of the injection used and the remainder had been set aside and used a few hours later.

Sample 6 was the washings from the inside of the infusion set used for the administration of sample 5. The set was rinsed out with apyrogenic saline, as directed in the U.S.P. XV., and the washings were injected in a dose of 10 ml./kg. The rinsings were pyrogenic, but not as markedly so as the injection.

Sample 7 was radioactive colloidal gold which had caused severe reactions in three subjects during an investigation. The subjects developed nausea, headache, anorexia, marked facial pallor and a rise in temperature. Since a dose as small as 0.1 ml./kg. gave a mean rise in temperature of 1.15 deg. C. in three rabbits, the sample was obviously highly pyrogenic. An organism of the chromobacter group was later isolated from the sample. Sterile colloidal gold does not itself cause a rigor or a rise in temperature.

Sample 8 was a bottle of blood which had caused a marked rise of temperature and a rigor in a patient. The

temperature chart of this patient is shown in Figure 5. The blood was centrifuged and the plasma was injected into two rabbits in a dose of 7.5 ml./kg. Since this dose gave a mean response of 1.84 deg. C. the blood was obviously highly pyrogenic.

Sample 9 was a culture in rabbit's blood of an organism of the pseudomonas group isolated from a sample of blood which had caused a fatal reaction in a patient. The organism is capable of growing in blood stored in a refrigerator and is difficult to detect by inspection of the blood. The culture was injected in a dose of 5 ml. into each of three rabbits of body weight 3.7, 3.5 and 2.4 kg. Two of the animals gave a slight rise in temperature shortly after the injection and the third did not. All appeared restless within an hour and one showed marked hyperpnea. About 75 minutes after the injection the temperatures of all three rabbits began to fall steadily and by the end of three hours were considerably below their starting values. One rabbit was very ill by that time and it and one of the remaining ones was dead by the following morning. The surviving rabbit had convulsions and died later that day. This organism does not appear to be very pyrogenic, but is highly lethal. It has been described by James and Stokes.<sup>2</sup>

**TABLE 2**  
**TESTS OF SUBSTANCES OR PREPARATIONS SUSPECTED OF BEING PYROGENIC**

Date	Sample	Rise in Temperature Degrees C.					Result
		1	2	3	Total	Mean	
8/2/54	1 Stored distilled water	1.40	1.33	0.70	3.43	1.14	Fails B.P. Test
11/2/54	2 Dextrose solution	0.47	0.15	0.28	0.90	0.30	Passes B.P. Test
4/5/54	3 Sodium chloride sample	0.35	0.20	0.20	0.75	0.25	" " "
28/5/54	4 Insulin injection	1.75	1.98	2.35	6.08	2.03	Fails B.P. Test
24/5/54	5 Sodium chloride injection	1.93	2.28	2.52	6.73	2.24	" " "
24/5/54	6 Rinsings from infusion set	0.92	-0.08	1.73	2.57	0.86	" " "
18/11/56	7 Colloidal gold injection	1.75	0.60	1.10	3.45	1.15	" " "
30/1/56	8 Suspect blood sample	1.85	1.83	—	3.68	1.84	" " "
5/2/57	9 Infected blood	0.63	0.08	0.45	1.16	0.39	Not pyrogenic, but all rabbits died within 24 hours
21/2/56	10 Suspect dextrose-saline (1)	-0.10	0.25	0.13	0.28	0.09	Passes B.P. Test
21/2/56	11 Suspect dextrose-saline (2)	0.15	0.75	0.53	1.43	0.48	" " "
21/2/56	12 Glucose electrolyte	0.03	0.13	0.20	0.36	0.12	" " "
26/7/57	13 Suspect dextrose injection	2.20	1.53	2.15	5.98	1.99	Very highly pyrogenic
26/7/57	14 Unopened bottle from the same batch as sample 13	0.23	0.20	0.08	0.51	0.17	Apyrogenic

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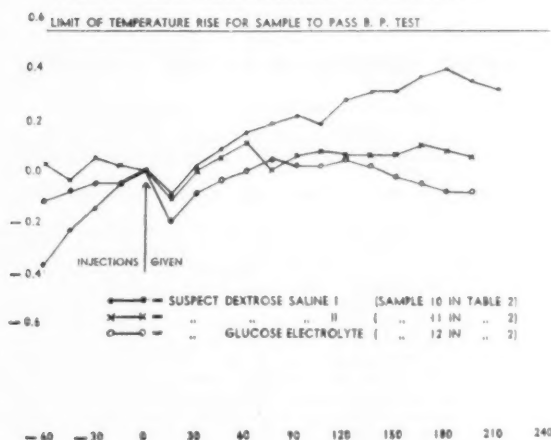
*Sympathetic to Susceptible Skins*

Samples 10 and 11 were from two bottles of 2.5 per cent. dextrose in half strength physiological saline and sample 12 was from a bottle of glucose electrolyte injection. Some of these solutions had been administered by intravenous infusion into a patient who underwent a severe rigor during treatment. They gave no pyrogenic reaction, however, and bacteriological tests showed them to be sterile. The reaction in the patient was eventually assumed to have been due to a thrombosed vein having been disturbed by the intravenous cannula when setting up the infusion.

Sample 13 was a sample of 5 per cent. dextrose received from another hospital. This had been opened for the addition of 25 units of corticotrophin to 500 mls. The solution was then immediately infused through a standard infusion set into a patient who then developed a severe rigor.

The sample as received contained a copious black deposit, but is said to have been clear when the corticotrophin was added. The results of the test show that it is very highly pyrogenic. The sample was cultured at the Institute of Mycology and the moulds *Pullularia*

FIGURE 3. TESTS OF SOLUTIONS SUSPECTED OF BEING PYROGENIC



*Pullulans* and *Geoprithium Candidum* were identified. Numerous gram-negative organisms were also reported to be present. The presence of the latter was confirmed at University College Hospital. These organisms are much more likely than the moulds to have caused the pyrogenic reaction.

Sample 14 was an unopened bottle from the same batch and this easily passed the B.P. test. The batch originally consisted of nine bottles and seven had been used without reactions. It therefore seems most unlikely that the batch was contaminated during preparation since all the bottles were autoclaved together.

A puzzling feature is the fact that the solution was said to be quite clear when set up, but had an appreciable growth of mould when taken down a short time later. This suggests that something may have been introduced with the infusion set.

The amount of dextrose was checked to ascertain if there had been any dilution of the solution. The non-pyrogenic control contained 5.2 g./100 ml. and the contaminated solution 4.8 g./100 ml. The difference is significant, being well outside the experimental error. It is very unlikely that the contaminating organisms would have destroyed so much dextrose and contamination with an unsterile fluid such as tap water is another strong possibility.

### Effect of Antihistamine Drugs in Preventing Transfusion Reactions

Several workers in America have reported that the addition of various antihistamine drugs to blood for transfusion will minimise or eliminate both allergic and pyrogenic reactions.

Stephen et al., using 25 mg./500 ml. of tripeleannamine ("Pyribenzamine"), reported that the drug reduced significantly both types of reactions. Ferris et al.,<sup>4</sup> using the same drug in the same concentration, reported no pyrogenic reactions in 607 tests compared with 4.3 per cent. in 742 controls.

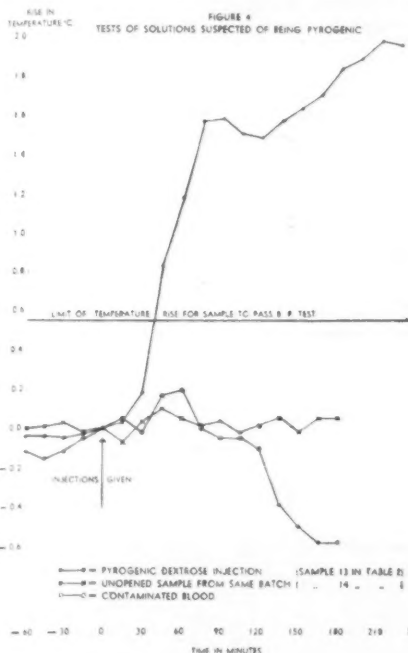
Franckel and Weidner,<sup>5</sup> using 10 mg./500 ml. of chlorpheniramine ("Chlor-trimeton" in the U.S.A. and "Piritor" in Great Britain), claimed a reduction from 3.5 per cent. in controls to 0.3 per cent.

Offenkrantz,<sup>6</sup> also using the same quantity of chlorpheniramine, found an incidence of 0.66 per cent. in 300 tests compared with 3.33 per cent. in 300 controls.

Simon and Eckman,<sup>7</sup> also using the same quantity of the same drug, found a reduction from 0.62 per cent. in the test cases to 0.23 per cent. in controls.

On the other hand, Winter and Taplin<sup>8</sup> and Wilhelm et al.,<sup>9</sup> using diphenhydramine ("Benadryl"), chlorpheniramine and tripeleannamine, and Hobsley,<sup>10</sup> in this country, using chlorpheniramine, found no reduction in pyrogenic reactions, but did not dispute the effect of these drugs in preventing allergic reactions.

My own experiments in rabbits have shown that some antihistamine drugs are powerful antipyretics, whilst others have virtually no antipyretic action. Promethazine was found to have similar but weaker effects on the temperature to those of chlorpromazine. It is both hypothermic and antipyretic, whilst mepyramine acted more like aspirin, being virtually without hypothermic



effect, but having an appreciable antipyretic action. Diphenhydramine, however, had a slight hypothermic action, but practically no antipyretic action.

Thus it appears that the anti-allergic and antipyretic properties of the antihistamine drugs are independent of each other and this may account for the conflicting reports when they are used in blood transfusion.

### Pyrogen Tests on Deionised Water

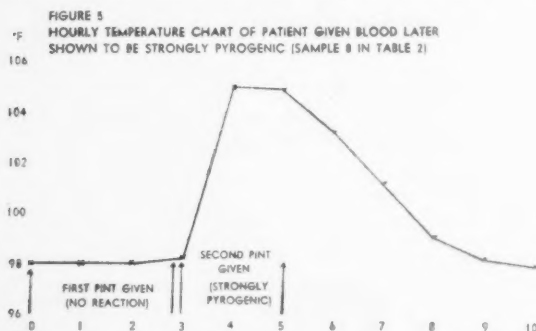
Tests with columns of ion-exchange resins have shown that it is possible to produce pyrogen-free deionised water from strongly pyrogenic tap water and to remove large quantities of purified pyrogens from solution by means of certain ion exchange resins.<sup>11</sup> This gives rise to speculation about the suitability of deionised water for use in injections. Many tests have been carried out on deionised water from all the available types of plant. The results show that deionised water is usually apyrogenic, but that the plants available at present cannot be relied upon always to give pyrogen-free water. Specific conductivity or resistance which have been claimed to give an indication of freedom from pyrogens,<sup>12,13</sup> have been found to be completely useless for this purpose. Samples of water with a very high specific resistance or low specific conductivity obtained from mixed bed plants have been occasionally found to be highly pyrogenic. These samples would have a greater chemical purity than freshly distilled water. On the other hand, samples from two-bed plants which never have a specific resistance greater than 1 megohm and would therefore be unlikely to pass the B.P. chemical tests for purified water<sup>14</sup> are usually pyrogen-free.

The cautious attitude of the British Pharmacopoeia Commission in prohibiting the use of purified water for injections is justified, but it may eventually be possible to produce pyrogen-free purified water for injection by means of ion exchange resins. A plant claimed as giving such water is on the market in France. A full report of these experiments will be published soon.

### Discussion and Conclusions

Whilst the British Pharmacopoeia now requires that water for injection, all large volume injections for intravenous infusion and some drugs, must pass the pyrogen test, that is they must be apyrogenic, this does not mean that every batch must be tested, since if made from freshly distilled water and pure drugs and sterilised within a few hours of preparation, injections will almost certainly be pyrogen-free. The results of many tests, over more than five years, some of which are shown in Table 1, support this view.

The results of the tests of materials suspected of being pyrogenic illustrate the importance of being able to investigate complaints of pyrogenic reactions. In several cases they show that only one bottle from a batch was contaminated and this is strong evidence of faulty handling of the material after issue from the pharmacy. In



another case, although the circumstantial evidence strongly suggested that the injection might have been the cause of the reaction, pyrogen and bacteriological tests showed that it was perfectly satisfactory. It is, therefore, important that pharmacists should not accept responsibility for pyrogenic reactions without the suspected solution being tested. I shall be glad to aid in such investigations.

The addition of antihistamine drugs to blood may or

may not reduce the incidence of pyrogenic reactions. The result probably depends on the drug used.

Although ion exchange plants can give pyrogen-free water, those available at present cannot be relied upon for this purpose and purified water should not be used for injections.

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This paper forms part of a thesis accepted by the University of London for the degree of Doctor of Philosophy in Medicine (non-clinical).

## EXPANDING HORIZONS IN ORGANIC CHEMISTRY

### Pope Memorial Lecture (London)

Professor Sir Ian Heilbron delivered the ninth Pope Memorial Lecture at the Royal Society of Arts, London, on May 14, 1958.

The subject was "Expanding Horizons in Organic Chemistry."

The lecture was reported in "The Chemist and Druggist," May 31, 1958, as follows. In a reference to Sir William Pope, Professor of Organic Chemistry, University of Cambridge, 1908 to 1939, he quoted:

"One of the recognised duties of the spokesman of science during the past sixty years or more has been that of endeavouring to bring home to the general public and to its administrators the danger of neglecting the cultivation of pure and applied science. The coming struggle for scientific and industrial position, on the results of which must rest the whole intellectual, artistic and material future of our race, will call for longer, greater, more persistent and more intelligent effort than any which we have hitherto exerted."

Sir Ian outlined the rise of the fine chemical industry from 1856, when Perkin discovered mauve, to 1874, when Perkin sold his works to return to academic research. Even at that date, said Sir Ian, there were signs that the British colour industry, based on coal-tar, was on the decline, partly due to the failure of manufacturers to appreciate the rewards inherent in developing the coal-tar industry, and partly to the general neglect of organic chemistry in the universities. By the beginning of the present century, the fine chemical industry was essentially in German hands, and to some extent that situation obtained right up to the outbreak of the 1939-45 war.

Successive Governments of the day were not perturbed by those happenings, for Great Britain sixty years ago was still the most prosperous country among the great powers and the future seemed secure. Her prosperity had, however, been based on iron and steel, and perhaps for that reason the spectacular discoveries in chemistry and physics, such as the discovery of radioactivity and of X-rays, the isolation of radium, and the separation of the rare gases of the atmosphere, received scant public attention. An important British advance was the production, by Courtaulds Ltd., in 1908, of viscose. Other technological landmarks of this period were the setting up in 1909 by Joseph Crosfield Ltd., in Warrington, of the first plant for the hardening of liquid fats, and the production in America of Bakelite.



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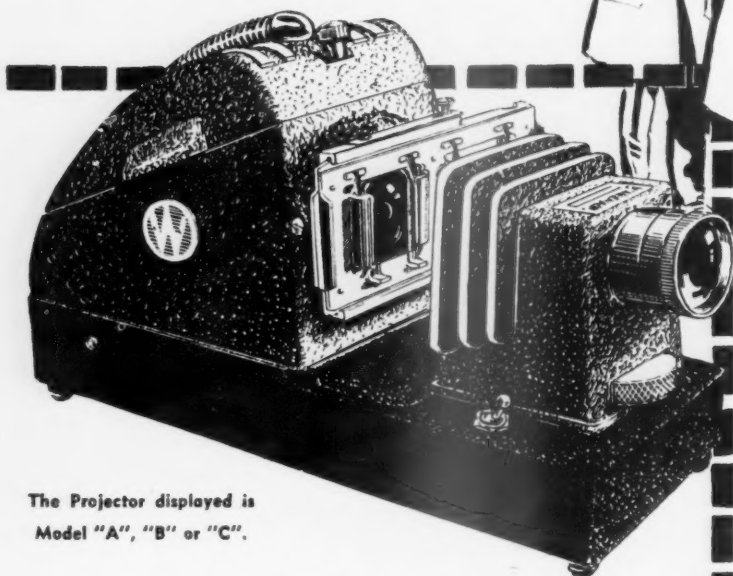
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### World War I

Despite those individual achievements, the outbreak of war in 1914 found Britain in a position of unparalleled danger. Complacency was dispelled when the full significance of neglect of the organic chemical industry became realised. Even simple pharmaceuticals such as aspirin and phenacetin and local anaesthetics like *β*-eucaine and Novocain were no longer to be procured. Trained chemists and chemical engineers were lacking. That Britain was successful in meeting many urgent requirements was due to the brilliant work in the laboratories of universities and technical colleges. In 1915 the Chemical Society pointed out to the Government that the backward state of the chemical industry was largely due to the lack of co-operation between manufacturers and workers in pure science. The Advisory Council on Scientific and Industrial Research was established as a result. The end of hostilities found Britain with the nucleus of a sound organic chemical industry. The Dyestuff (Import Regulations) Act, 1920, and the Safeguarding of Industries Act, 1921, provided protection to the industry. He doubted whether Britain could have maintained a fine chemical industry had not the British Dyestuffs Corporation been absorbed in 1926 into Imperial Chemical Industries Ltd., and it was his opinion that the far-sighted policy of I.C.I. had again prevented Britain from being devoid of a synthetic chemical industry upon the outbreak of war.

Around 1930 organic chemists, with new techniques of micro-analysis, chromatography and ultra-violet spectroscopy, were elucidating the structures of materials elaborated by living cells and effecting their syntheses. He referred especially to the vitamins and sex hormones. Through complete lack of foresight Britain, as a nation, had failed to participate to any large extent in their industrial development, despite academic research achievements second to none.

The rapid development of the organic chemical industry during the first decades of the century was due to the growth of the automobile and aircraft industries which created an increasing demand for high-grade motor spirit as well as plastics, synthetic fibres and rubbers. In 1935 the first man-made fibre, nylon, was synthesised in U.S.A. by the polymerisation of hexamethylenediamine and adipic acid, and first produced commercially by E. I. Du Pont de Nemours & Co. in 1940.

### World War II

The outbreak of war in 1939 found this country generally in a satisfactory position to meet its immediate military requirements, but new factories had to be erected to cope with the growing needs of total war.

The first result of Japan's aggression in the Far East was the closing of all sources of natural rubber. A synthetic rubber industry was achieved in the United States within a year—one of the greatest technical achievements of the war. By 1944 sufficient was being produced to cover the requirements of the United States and her Allies. Synthetic rubbers have secured a permanent place in peace-time economy. World production of natural rubber in 1956 amounted to some 1,900,000 tons, synthetic rubber production totalled 1½ million tons. Recently new synthetic rubbers, known as the silicone rubbers, have been introduced, noteworthy on account of their response at both high and low temperatures. A fluorine-containing synthetic rubber has been developed which can stand up to a temperature of 400 degrees F. for more than 100 days and resists corrosive chemicals. In Great Britain, production of synthetic rubbers has been started and it is planned to make up to 75,000 tons a year.

The importance of the plastics industry to this country is shown by the output in 1955—about 330,000 tons.

The world output of many coal-tar products, particularly aromatic hydrocarbons, will soon fall far short of demand and this will have to be made good by chemicals derived from petroleum. Already in this country the yearly output of petrochemicals is over 250,000 tons, or about one-third of total production of organic chemicals.

Nowhere has advance been more conspicuous than in the fields of medicine and agriculture. Till 1908, medicine was assisted by many plant products, such as opium, quinine, the ergot alkaloids, digitalis and squill.

### Chemotherapy

Ehrlich broke tradition and sought to prepare synthetic organic compounds which would specifically attack invading parasitic organisms without injury to the host.

The 1939-45 war focused attention on other chemotherapeutic substances. Intensive Anglo-American investigations resulted in a commercial process for the manufacture of penicillin, and subsequently other antibiotics were discovered. The production of antibiotics is considerable and foremost in this field is undoubtedly the United States, but British exports are high, nearly £9 million in 1957, out of a total export of drugs and medicines of £40 million.

Spectacular progress has been made since 1940 in other pharmaceutical fields. The curtailment of supplies of quinine led to the discovery of Paludrine in Great Britain and of chloroquine in America. Many diseases besides malaria are insect-borne. The advent of DDT and BHC has had an unparalleled effect on the suppression of such disease. They are no less valuable to offset the ravages of insect pests.

Already the scientist is placing at man's disposal other sources of energy which will open up an entirely new vista of wealth. The "Financial Times" of January 25, in an editorial, comments: "It is to be hoped that this discovery (of Zeta) will not go the way of many, where Britain has been first in research, but well behind in industrial application." Those are timely words. Although during the past decade the organic chemical industry has made enormous strides, for a considerable part of that time competition in Europe was comparatively negligible. The picture is now changing, and the chemical industry in Germany is expanding at a rate superior to that of Britain. There is also the great unknown factor of Russia. Sir William Pope's remarks quoted earlier now seem even more commanding and prophetic than when first uttered.

### X-RAYS AND LEUKAEMIA

(From Progress in Therapy, "The Retail Chemist," January, 1958.)

The steady increase in the number of cases of leukaemia during the last twenty years has given rise to a good deal of concern and Professor Witts has stressed the need to study our changing environment which may well play a part in this increase. Ionizing radiations had been suspected for some time, but the unusual incidence of leukaemia in the two Japanese cities which followed the atomic bomb attacks confirmed the suspicion. A suspected increase in the incidence of leukaemia in patients who had been treated by X-rays for ankylosing spondylitis led to investigations in this direction and the results have recently been published as a special report by the Medical Research Council.

After investigating the histories of 13,352 patients who had received such treatment at a number of centres during the years 1935 to 1954, it was found that there was a significant increase in the mortality rate from leukaemia and aplastic anaemia in this particular group. Shortly afterwards other investigators submitted evidence suggesting that leukaemia in childhood might be due to exposure to irradiation when the mother had been subjected to X-rays, for diagnostic purposes, during pregnancy, a procedure that is being increasingly employed.

There is evidence which suggests that the developing foetus and the immature infant are more susceptible to irradiation than is the mature body.

It would be easy to exaggerate the importance of these findings and the value of such treatment must be set against the risks entailed. Although the death rate

from leukaemia in persons who have been subjected to X-ray treatment for ankylosing spondylitis is 3 per thousand, a figure which is ten times that of a similar age group of non-treated persons, it must be remembered that this affection is a crippling disease and therapeutic irradiation is the only measure that is likely to give relief from pain and increased mobility and it is from this standpoint it must be considered remembering that many other curative measures have definite risks and mortality rates, for example, the operation of gastrectomy for gastric ulcer has a mortality rate of 13 per thousand, yet is considered well worth while. Diagnostic radiotherapy during pregnancy will also save the life of more mothers and children than are likely to suffer from leukaemia subsequently.

Naturally, radiographers are well aware of such risks and are employing refined techniques such as filters and fast screens in order to reduce the risks to a minimum. It must also be remembered that all of us are exposed to uncontrolled irradiation these days and although the individual amounts may be small it is possible that in the aggregate the amount may be significant. In these days many industries employ X-rays or radioactive substances for various procedures such as X-rays of castings to reveal hidden flaws and ionization bars to reduce the incidence of static electricity in printing and weaving. Luminous paint is also increasingly employed for the dials of watches and instruments, and the amount of irradiation although small in the individual unit may be a significant amount on the control panel of a large aeroplane.

### IRRADIATION SICKNESS

In Progress Reports Therapeutics Manufacturing Chemist, June, 1958, S. J. Hopkins, writes:

"The treatment of irradiation sickness is one of the most intractable problems of radiotherapeutics, and it still remains largely unsolved. Stoll has attempted to reassess the reality of the problem by a controlled trial with a number of drugs, including pyridoxine, chlorpromazine, cyclizine and pascatal. In previous tests pyridoxine was found very effective, and this favourable impression was confirmed. A difference was noticed in the response of patients to various drugs. In ambulant patients pascatal was considered to be more effective than cyclizine, and in some cases lactose tablets, used as an inert control, proved surprisingly effective. The varying symptoms of radiation sickness were relieved in varying degrees, but vomiting appeared to be the easiest symptom to control. No drug exhibited a statistically significant degree of superiority over any other, and the most effective treatment for this distressing accompaniment of radiotherapy still awaits discovery."

### STUDIES ON OINTMENT BASES

Although there have been a great many *in vitro* investigations of the diffusion of drugs from ointments and many *in vivo* tests of percutaneous penetration and absorption of drugs from topical vehicles, there has been little in the nature of any conclusive correlation between the results of *in vivo* and *in vitro* testing. Further, there have been few experiments designed with the primary purpose of evaluating the testing methods themselves. These considerations have led J. B. Plein and E. M. Plein (*J. Amer. Pharm. Ass., Sci. ed.*, 1957, **46**, 705) to incorporate five drugs—Sulphanilamide, ammoniated mercury, salicylic acid, iodine and sodium radio-iodide, and chlortetracycline—into three silicone ointment bases and three soft paraffin ointment bases, and to test them by *in vitro* procedures for diffusion of the drug and by *in vivo* methods for penetration and absorption. A modified agar plate method and a chemical procedure were the two *in vitro* chemical tests used for measuring diffusion. Penetration of the drugs was determined by applying the ointments to the skin of white rats and subsequently

analysing a biopsy of the innuncted skin. The absorption of the drugs into the systemic circulation was measured by analysing the blood or a "storage organ" for the drugs. Studies were made both on intact and abraded skin. The results obtained by *in vitro* diffusion tests did not correlate well with the penetration of the drugs as shown by *in vivo* tests. With three of the five drugs the *in vitro* data correlated fairly well with absorption through abraded skin; whereas there was little correlation between *in vitro* data and absorption through intact skin. Neither the silicone ointment bases nor the soft paraffin bases could be shown to be the universally more efficient vehicles.—*Pharm. J.*, May 31, 1958.

### CHURCHILL COLLEGE, CAMBRIDGE

#### How to Secure a New College

Reports to hand show that the first list of subscriptions to the Churchill College Trust Fund for the building and endowment of Churchill College, Cambridge, totals £1,411,900. Many firms and organisations have promised £5000 a year for ten years.

Gillette Industries Ltd. will give £12,000 a year for seven years. Shell Petroleum Co. Ltd. and Imperial Chemical Industries £10,714 a year for seven years. What practical support and encouragement to the promoters of a new educational foundation. England obviously has faith in education.

### THE FORMULATION OF OIL LOTION OF CALAMINE

By J. E. Carless, Ph.D., M.Sc., B. Pharm., F.P.S.  
(Abstract from the "Pharmaceutical Journal," May 31, 1958)

Oily Calamine Lotion B.P.C. is not entirely satisfactory. During storage the solids and emulsion droplets sediment and later the emulsion may "break." Five modifications of the B.P.C. formula were investigated with reference to flow, stability, elegance and miscibility with Ichthammol. Tea Seed Oil or Light Liquid Paraffin, in varying proportions, were used in place of Arachis Oil. Two per cent. Zinc Stearate was added to some formulae. It is shown that alteration of the concentration of Lime Water (disperse phase) within narrow limits has a surprising effect on viscosity. An emulsion prepared with 42 per cent. Lime Water had a viscosity of 27.5 poise at 6 deg. Cent., while the same formula with 47 per cent. Lime Water had a viscosity of 47 poise at the same temperature.

It was found that the paraffin emulsions were relatively stable to 5 per cent. Ichthammol, while the vegetable oil emulsions broke down rapidly. (All emulsions were Lime Water/Oleic Acid combinations stabilised with Zinc Stearate and/or Wool Fat.)

The recommended formula is—

Calamine	5 g.
Wool Fat	5 g.
Zinc Stearate	2 g.
Oleic Acid	1 g.
Light Liquid Paraffin	45 g.
Lime Water	to 100 g.

Triturate the Calamine and Zinc Stearate with the Wool Fat, Oleic Acid and the oil, previously melted together; transfer to a suitable container and gradually add the Lime Water, with vigorous shaking. (D.L.)

### A NEW DETERGENT THAT DOES NOT POLLUTE STREAMS

In a recent "Home Service" Broadcast, Bertram Mycock, B.B.C. industrial correspondent, gave the following preliminary information about a new base for detergents:

"The oil refinery at Pernis, near Rotterdam, is the largest in Western Europe. It is a sprawling giant of a





*Insulin preparations issued by the Commonwealth Serum Laboratories constitute an adequate series permitting effective control of most cases of diabetes mellitus.*

#### MIXING OF INSULINS:

*Regular Insulin and Isophane Insulin can be mixed freely with each other in all concentrations. Such mixtures permit early action combined with sustained action for about 24 hours. These mixtures are to be preferred to mixtures of Regular and P.Z.I. when the exact ratio of rapid action to delayed action cannot be determined.*

#### ● "C.S.L." INSULIN (SPECIAL P.)

*(P.B.A. Item No. 73)*

Prepared from the pancreatic glands of pigs for the treatment of patients showing hypersensitivity to Beef Insulin.

#### ● "C.S.L." ISOPHANE INSULIN (N.P.H.)

*(P.B.A. Item No. 72)*

Contains less protamine and zinc than does Protamine Zinc Insulin, and has an action intermediate between that of insulin (Regular) and Protamine Zinc Insulin, duration of action, 16-20 hours.

#### ● "C.S.L." PROTAMINE ZINC INSULIN

*(P.B.A. Item No. 74)*

A long-acting insulin prepared from pure Protamine Sulphate and crystalline insulin, duration of action approximately 24-28 hours.

#### ● "C.S.L." INSULIN (REGULAR)

*(P.B.A. Item No. 70)*

A quick-acting crystalline insulin; duration of action, approximately 6-8 hours.

## COMMONWEALTH SERUM LABORATORIES

PARKVILLE, N.2, VICTORIA

Specify "C.S.L." when prescribing

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# ***NOW!*** A NEW CREST KIT FOR TODAY'S HAIRSTYLES FOR ONLY 5'11

Has the same penetrating, drip-free  
**FOAM NEUTRALIZER** that has proved such a strong  
selling feature in the Crest Home Permanent

## **SATURATION ADVERTISING**

From 4th August large scale advertising in the Women's Weekly and Woman's Day, and other national women's magazines will be backing Crest Curlette all the way.



**PROMOTE AND DISPLAY CREST CURLETTE NOW**

place with its own oil port and a collection of catalytic cracking and distilling devices that can handle 16,000,000 tons of crude oil every year. You could say that this refinery represents a capital of £100,000,000, and it is still growing. Only this week they have started to dig out a new tanker harbour that will take ships up to 65,000 tons, and a site for a new factory to make synthetic rubber.

Crude oil from the Middle East, from the American continent and (in substantial quantities since the war) from Holland itself, is perhaps not of direct interest to the housewife, unless she knows that it is from this raw material that her new detergents are made. She washes up with oil, in other words. Pernis makes the base of a number of well-known detergents, whose selling qualities are determined by how the soap makers treat the basic material that comes from the oil refinery.

There are some rather stubborn facts about detergents that are not generally known: about the much advertised foam, for instance. I asked one of the Dutch experts what washing value there is in the foam itself. 'Oh, none whatever,' he said blandly, 'but the housewife thinks there is.' And another fact is that this foam is causing the sewage engineers and the water engineers and the experts on river pollution a good deal of heart burning. The bacteria, which consume the offensive materials in sewage and so enable the sewage works to throw their effluent into our rivers, simply cannot digest all this detergent foam. So it goes frothing out into the streams, damaging the fishing and making an unsightly mess. How unsightly you can see, for instance, a few hundred yards downstream from the Shakespeare Memorial Theatre on the banks of the Avon at Stratford. Remember, too, that many of our rivers provide large parts of the population with their drinking water.

The news from Rotterdam is that a new base for detergents has been discovered, or more properly, created, by a team of scientists, led by Dr. Peter Kooyma. He claims for it the three golden properties for a detergent: it foams (and the housewife likes it to do that); it can be boiled (again that suits the housewife); and the bacteria can consume its foam (and that will please the sewage engineers). This really is news for the river pollution men. It is said to be the first detergent that has this property and it will strengthen the hands of those who want to end this menace of the foaming rivers. Up to now it has been difficult for them to press their case against detergent foam, simply because all detergents have had the foam that the sewage works could not kill. Any attempt to control the problem by law was, therefore, so badly handicapped that it was hardly worth trying. It begins to look now as though the law could be amended, since it will be possible to make the detergent with the vanishing foam.

But not just yet. Though it is now in production in Rotterdam, the first supplies are going to France, and it will be twelve or eighteen months before it can be made in quantity at Shellhaven on the Thames Estuary. It will probably be in powder form and it may cost the odd penny a packet more just at first, and it could, of course, start a new round in the fierce battle between the detergent makers.—"The Listener" (London), June 19, 1958.

### METHYLPENTYNOL CARBAMATE

A. H. Galley and P. Trotter. (Lancet, 1958, 1, 343.) Methypentynol carbamate was given as premedication for dental operations under local anaesthesia to over 10,000 ambulant outpatients in the following dosage: Patients without visible signs of apprehension, two 100 mg. tablets; mildly apprehensive patients, four 100 mg. tablets; very apprehensive patients, 100 mg. per stone body weight. Of the 10,000 patients so treated 90 per cent. showed no apprehension during operation, 7 per cent. were apprehensive, and 3 per cent. were very apprehensive. Methypentynol carbamate took longer to act than methypentynol, but the effect lasted longer. It was also shown to possess advantages over pentobarbitone for premedication in ambulant patients

before dental extractions under general anaesthesia. The best results were obtained when it was reinforced with hyoscine sublingually in a dose of 1/150 gr. to children up to 12 years of age, and 1/75 gr. to those over this age. Used with either hyoscine or atropine, it was also found preferable to pentobarbitone as premedication before general surgical operations under general anaesthesia. After barbiturates, withdrawal or struggling is the usual reaction to an intravenous injection, but after methypentynol carbamate this rarely occurs. Either the drug is to some extent analgesic or it provides a central nervous sedation, in contrast to the increased nervous excitability produced by the barbiturates. In contrast to the barbiturates, laryngeal spasm does not occur after giving methypentynol carbamate. It therefore provides a much easier change-over to ether after induction with nitrous oxide and oxygen and laryngospasm is rare during throat operations where light anaesthesia is maintained and an endotracheal tube is not used. It does not cause respiratory depression, and has a low toxicity and no undesirable side effects.—J. Pharm. Pharmacol., 1958, 6, 399.

### STABILITY OF INJECTIONS OF ADRENALINE AND NORADRENALINE

J. Morch. (Pharm. Weekbl., 1958, 93, 141.) Decomposition was assessed by determinations of biological activity in rats. The injection solutions of the Danish Pharmacopoeia were investigated; they contained 0.1 per cent. of adrenaline with hydrochloric acid or 0.01 per cent. of noradrenaline as bitartrate, and the solutions were prepared using water redistilled in glass, containing 0.05 per cent. of sodium metabisulphite (pyrosulphite). The solutions before autoclaving had a pH of 3 or 4, which decreased to 2.9 or 3.4 owing to the oxidation of metabisulphite to sulphuric acid during sterilisation. Solutions of adrenaline lost about 4 per cent. of their activity during autoclaving at 120 deg. for 20 minutes, and noradrenaline solutions lost only 2 per cent. All solutions remained colourless after this treatment. On heating at 100 deg. for 27 hours, the solutions were little affected by the presence of 2 µg. of copper ion per ml., but considerable decomposition occurred in the presence of 20 µg./ml. During storage at 103 deg., oxidation occurred slowly at first, the observed loss in activity being mainly due to racemisation. Later, as the metabisulphite was destroyed, the oxidation took place more rapidly, and finally more slowly as the oxygen in the container was used up. The presence of metabisulphite prevented discoloration, but even when it was added in excess compared with the oxygen content of the ampoule it did not completely prevent the decomposition of adrenaline or noradrenaline.—J. Pharm. Pharmacol., 1958, 6, 395.

### OIL OBTAINED BY A FREEZING PROCEDURE FROM COD LIVERS

S. Erbe (Arch. Pharm., 1958, 28, 1.) The following freezing process for the extraction of the liver oil is said to give a product of higher vitamin activity and pleasanter taste than those obtained using superheated steam: The fresh livers are slowly frozen so that large ice crystals form in the cells. Temperatures down to minus 50 deg. are used. Rapid freezing causes the formation of small crystals so that the cells are not completely disrupted in the subsequent grinding process, resulting in loss of oil. After fine mincing and thawing in the absence of air as far as possible, the oil is separated by centrifuging. The taste of such an oil is only weakly fishy and the oil will keep four to five months at 3-5 deg. before a slight alteration in taste is noticed. It is important, however, not to allow the livers to remain in a frozen condition for too long, since even after a few days the acid value rises appreciably, probably due to the activity of tissue lipases which remain active at temperatures as low as minus 25 deg. to minus 30 deg.—J. Pharm. Pharmacol., 1958, 6, 296.



# *The New Victorian War Memorial College of Pharmacy*

Project Takes Shape — Financial Campaign Opened

## **Features of the Building**

The new College will occupy a corner site giving a frontage to Royal Parade of 200 ft. and a depth to Walker Street of 265 ft., with access to the rear by means of a 20 ft. road (Mile Lane).

The project is to be completed and ready for tuition to commence in the academic year of 1960. The building will provide the long overdue modern facilities which have been lacking within the present College.

The new College will consist of two main buildings connected by a bridge at first floor level.

The northern building, to be known as the laboratory block, is a steel framed structure embodying a part basement, ground and two upper floors.

The basement is to provide ample storage space for the College requisites, and the whole of the building's many services will originate from here. Vehicular access to this area will be by means of a ramp being constructed on the northern boundary, which will provide ingress and egress to the lane at the rear and to Royal Parade at the front. This will greatly facilitate handling of inward and outward goods traffic.

The ground floor is given over mainly to student amenities, which include locker rooms and toilets, student council and common rooms, students' dining-room (to seat 150 persons), staff lunch room and a research laboratory. The remainder of the ground floor will be occupied by a biology room to accommodate upwards of 120 students. A large research laboratory and several smaller laboratories will be included in the building.

The first floor will provide two large chemistry laboratories, each capable of accommodating 130 students and also the necessary service, stock, wash-up and demonstrators' rooms; whilst the second floor embodies the equivalent facilities for the requirements of pharmaceuticals. All floors in this building will be served with a fully automatic electric goods hoist to distribute stock

from the basement to the various stock rooms throughout the building.

The architects, Messrs. Cowper, Murphy and Associates, have given much thought to the concealment of plumbing and other services, and whilst this has been totally achieved, all services may be maintained outside working areas by means of horizontal and vertical ducts through the core of the building.

Laboratory effluent will be conducted to a large soda ash neutralising tank in the basement, by the use of Polyvinyl chloride pipes and fittings, a similar method to that used in the recently completed Biochemistry School at the Melbourne University. The laboratories generally will be light and airy and a mechanical exhaust system will supply many changes of air per hour to all rooms.

The south wing, to be known as the administration block, is of similar construction and is to be two storeys high; the main entrance to which is from Walker street at ground level, into a large memorial foyer giving access to the main assembly hall. The hall will accommodate 552 persons seated, whilst a balcony, accessible from the first floor level, will accommodate 203 persons, a total seating capacity of 755 persons. The remainder of the ground floor provides for a library, museum, offices for the Dean, and R.S.L. room, the latter being an annexe to the assembly hall.

The first floor of this block is given over wholly to administrative offices, consisting of a large general office, board room and private offices.

At the rear of the administration block provision has been made for the erection, which has already commenced, of three lecture theatres, two of which will accommodate 250 students each, whilst the third will accommodate 125 students.

The floors of these theatres are stepped to ensure that each student will have an uninterrupted view of the lecturers' bench, although the total height at the



rear of each theatre has been kept to an absolute minimum; and all seating is radial.

The lecture theatres, together with the assembly hall, are to be mechanically heated and ventilated by an oil-fired warm air distribution heating system.

Facilities for the projection of slides, 16 and 8 mm. film, are also provided for at the rear of all theatres, together with two-way lighting controls operated from the rear of the theatres or from the lecturers' bench.

#### Building Progress

Construction of the new Victorian College of Pharmacy in Royal Parade, Parkville, is proceeding rapidly, and it seems possible that the project which has been planned for many years will have been completed by the end of 1959.

Foundations have been laid and work on the steel superstructure commenced during August.

The erection of the new College is regarded as the most important event in the history of pharmacy in Victoria next after the formation of the Society in 1857 and the establishment of the first College in 1882. The opinion has been expressed that the facilities and equipment of the new Victorian War Memorial College of Pharmacy will equal those of any comparable institution in the Southern Hemisphere.

#### Financial Appeal

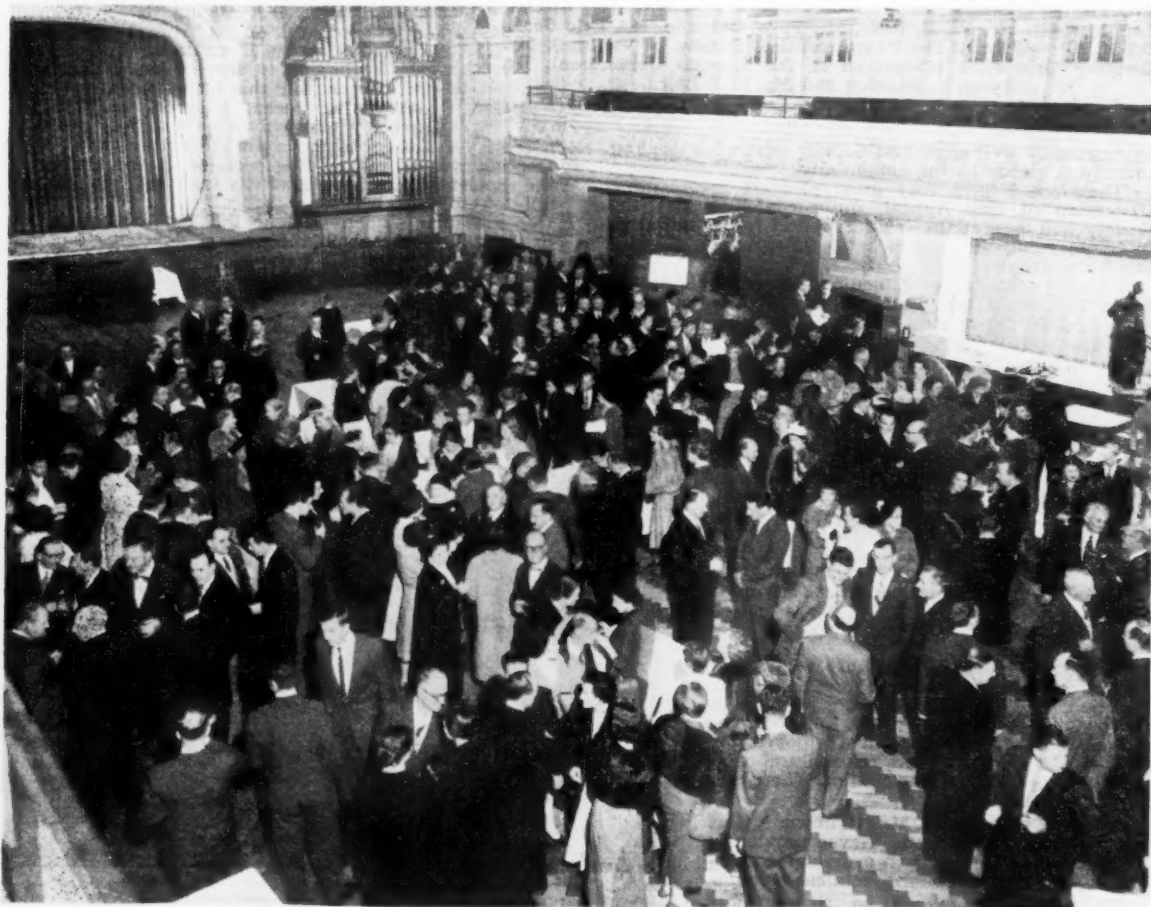
The total cost of the building and its furnishing will exceed £500,000. Towards this amount the State Government will advance £300,000, a considerable portion of which must be repaid by the Society. The Council of the Society, realising that an additional £200,000 would be required to meet the cost of the building, decided to launch an appeal with the object of raising that sum of money, and has been assured of very substantial support.

#### The Appeal Committee

A very strong Appeal Committee will conduct the campaign. The Chairman of this Committee is Mr. Geoffrey Grimwade.

The General Chairman of the Appeal is Mr. George Nicholas, founder of Nicholas Aspro Pty. Ltd., who qualified through the Victorian College of Pharmacy in 1912 and was for a number of years engaged in retail pharmacy at St. Kilda. In an announcement conveying his support of the project Mr. Nicholas wrote: "I exhort you to study this project, think well upon how you can contribute, and accept my recommendation to support the appeal."

Mr. Grimwade said, "I know that registered chemists in Victoria are proud of the fact that they belong to



Group at the St. Kilda Town Hall

## A GROUP AT THE DINNER



Left to right: Mr. W. R. Iliffe, Mr. F. W. Johnson, Mr. Eric Scott, O.B.E., (President of the Pharmaceutical Society of Victoria), Mr. Geoffrey Grimwade (Chairman of the Appeals Committee), Dr. Byron L. Stanton and Mr. S. J. Baird.

an extremely well organised Society which has assured their high status in the community.

"Therefore I have very great pleasure in accepting leadership of this Appeal, quite confident that the Society will receive the widest support for its initiative in commencing the project."

### Inaugural Dinner

A record attendance of members at any pharmaceutical function in the State was set at the Inaugural Dinner in the St. Kilda Town Hall on August 11.

Six hundred and fifty members, drawn from the metropolitan area only, attended, and throughout the proceedings an air of general interest and a good deal of enthusiasm were noticeable. Mr. Grimwade acted as Chairman, and associated with him on the dais were the President of the Society, Mr. Eric Scott, the Dean of the College, Mr. A. T. S. Sissons, the President of the Victorian Chemists' Sub-Branch of the R.S.S. & A.I.L.A., Mr. L. B. Allen, members of the Appeal Committee and representatives of all of the official pharmaceutical organisations in the State.

### Opening by the Chairman

Mr. Grimwade expressed his very great pleasure at being asked to preside at the function. He extended a sincere welcome to all present on behalf of the Appeal Committee. He trusted they had enjoyed the Dinner and were now in a relaxed and completely co-operative frame of mind. (Laughter and applause.)

In some ways, said Mr. Grimwade, this was an historic occasion. Never previously in Victoria had there been a greater gathering of members at a pharmaceutical function.

He personally wished to thank those present for ensuring such a magnificent opening of the Appeal.

He said it was only fair to state that the success of functions of this kind depended upon a very great amount of organisation and work. For that reason he wished to express his thanks to Mr. L. B. Allen, President of the Victorian Chemists' Sub-Branch of the R.S.S. & A.I.L.A., and the members of his Committee who had assumed the responsibility for the organisation of the Dinner. (Applause.)

Mr. Grimwade said he thought most of the members were aware of the reason for arranging the function. It was to enable a panel of speakers to explain the need for a new College and the plan by which that need could be met. If the plan succeeded as the result of the generous support of the members, those members would earn the gratitude of succeeding generations. For its complete success it would require the help and co-operation of everyone present, as well as those who were not able to attend.

Mr. Grimwade then introduced Mr. Eric Scott, President of the Society, and handed over proceedings to him.

Mr. Scott, on behalf of the Council, extended a hearty welcome to those assembled. He said he had never seen so many chemists together at the one time. This, he said, augured well for the success of the campaign and was most encouraging to the Council and the sponsors of the Appeal. Mr. Scott then called on the Dean of the College, Mr. A. T. S. Sissons, to address the gathering.

Mr. Sissons said that he had been requested to speak on recent progress in Victorian pharmacy and why that progress made it necessary for them to move off the present site. This meeting was an outstanding occasion in the history of the Society. He was glad to take up the subject allotted to him because practically everyone present was a former student and he felt that he could talk to them feelingly about the present deficiencies of the College. (Laughter.)

He hoped that with their assistance (mainly financial)



Mr. Nigel C. Manning addresses the audience. Others in this picture (from left) are Mr. N. C. Cossar, Mr. H. A. Braithwaite and Mr. A. T. S. Sissons, Dean of the College.

they would remove these deficiencies. He thought everyone present would credit the Council of the Society with some virtues, and of these he hoped that good will was one of the most prominent.

Mr. Sissons said that in 1841 a group of middle-aged men met in the bar parlour of the Crown and Anchor Tavern in the Strand, London. When ordinary middle-aged men met in such circumstances they usually fell to talking. These gentlemen did that, and they discussed how best to maintain the stability of the craft and increase the respectability of the pharmaceutical trade. They decided to form the Pharmaceutical Society of Great Britain and set up a School of Pharmacy to provide a sound education for pharmaceutical students. By this means they hoped to elevate a trade to a profession. The success of their enterprise was a matter of history.

Mr. Sissons said that any course in pharmacy should give attention to professional subjects, but since the students were going out into business, they also should be given instruction that would enable them to become capable businessmen.

Four of those men who met in London on that occasion, Mr. William Allen, Mr. John Savory, Mr. Jacob Bell and Mr. Thomas Morson, today had descendants prominently associated with British pharmacy. It spoke volumes for those men and their vision that their aims had, in great part, been realised and pharmacy today was firmly entrenched behind a professional qualification having legal status and that it enjoyed the confidence of the Government and of the community.

In 1882 Victorian pharmacy followed the British example and set up a College of Pharmacy in Swanston street in the former County Court. The institution had progressed steadily over the years. At intervals of from 12-15 years periodical extensions had been made and the building had developed to the present extensive but ungainly premises. The teaching at the College had kept step with progress.

Practical Pharmacuetics was not taught until 1930. There was no Pharmaceutical Laboratory until 1936. The Council had pioneered the teaching of new subjects such as Commercial Pharmacy, Biology and History of Pharmacy. The course in the newer materials of modern materia medica, developed by Dr. Byron L. Stanton, was unique and should be widely copied; but for successful copying they would need to have other "Stantons." In recent years the rapidly increasing population had brought almost overwhelming numbers of applications from persons wishing to qualify as pharmaceutical chemists.

Since 1946 they had been very badly over-crowded. The institution designed to train 60-70 students for a two-year course had been compelled to take 150 students per year for a four-year course. He asked, have you who know our College ever stopped to think what an almost impossible task it was to take nearly 600 students and teach them in the buildings on the Swanston street site? They had had to stagger the time-table by taking students for only half-day sessions, with consequent loss of efficiency. That was a most unsatisfactory system for the staff, for the students and for the master chemists.

Present conditions did not enable them to develop new subjects and new laboratory projects as they would like.

Mr. Sissons said that the College of Pharmacy was more than a teaching institution, and he indicated the important functions performed by many of its graduates in senior offices in pharmaceutical organisations, in industry and in essential services. The Society, he said, provided a very considerable information bureau for its members. Its staff had played a very important part in the development of the A.P.F. It housed the offices of the Pharmacy Board. It had conducted rehabilitation courses for men of two world wars, and for over 20 years had, from time to time, conducted refresher courses for the members. Over the past 25 years they had produced in Victoria an institution old in experience but young in spirit, adventurous in outlook and adaptable to changing conditions. Now it was imperative that they should provide for future growth. It was necessary to provide for the social activities of the students. That was most important. Tonight they were launching a great scheme. Its success would greatly raise the reputation of the Society. Mr. Sissons said that the Scriptures had a good deal to say about builders and about foundations.

In Matthew's Gospel it mentions "the wise man who built his house upon a rock." In Arabia they had a saying that "In the shadow of a great rock there is shelter." In Corinthians there was another reference to "the wise master builder who laid the foundation and another buildeth thereon." Our foundation, said Mr. Sissons, must be the best educational policy the Council of the Society can provide. Our rock was our roll of membership represented by the magnificent assembly that night. The continued support of members should usher in a new era for Victorian pharmacy. (Applause.)

Mr. Scott thanked Mr. Sissons for his address. He announced that from the first 55 donors to the Fund £36,500 had been received, including £20,000 from H. W. Woods Pty. Ltd. and £1500 from Mr. R. M. W. Titcher of Dandenong. (Applause.)



—Photo by permission of "The Age."

Members and officers of the Council of the Pharmaceutical Society inspecting the new College site at Parkville on August 6. Left to right: Messrs. C. P. A. Taylor, T. G. Allen, F. W. Johnson, A. G. Davis, K. Ramsay, C. N. McLeod, R. H. Borowski, J. R. Oxley, F. C. Kent (partly hidden), E. Scott (President), Mrs. P. A. Crawford, Messrs. L. Long, and S. J. Baird.



Mr. Scott then called upon Mr. A. W. Callister to address the gathering.

#### Facilities and Accommodation at the New College

Mr. Callister said that at the College they had reached the stage which many chemists experienced in their businesses. They had made extensions to try and cope with increased demands, but now found that they could not go any further with the old premises, but had to start all over again.

There were two basic needs. They must endeavour to produce enough qualified chemists to meet the demands of the community. It was necessary to introduce a new approach to the training of students.

At the present time they had to refuse more applicants than they were able to accommodate.

The College had between 500 and 600 students in training. They could handle them only for half-day periods, and then only by very intricate time-tabling.

In the new building they would be able to accommodate 200 students in each year and to have them in training for a full academic year. In the present College there was no place for the students when they were not in the lecture room or the laboratories.

At Parkville there would be space for the students. A students' common room would be provided. There would be a spacious library, quadrangle and lawns. Two lecture rooms, each to accommodate 250 students, are included in the plan. Each one of the 250 students would have a clear view of the lecturer and lecture bench, lighting would be good, and even those in the back benches would be able to hear the lecturer and would not then be called upon to provide their own entertainment. (Laughter.)

There would be smaller lecture rooms, an administrative block, Council chamber, R.S.L. room and small Committee rooms. The northern block would contain the chemistry laboratories and the pharmaceuticals laboratories, a biology laboratory and several small research laboratories. Some research activity was necessary. It was necessary that the teacher should be also an experimenter.

They hoped to have one of the laboratories for work on A.P.F. projects. Provision was made also for an assembly hall which would serve for general assemblies of students, inaugural addresses, presentation of diplomas, examinations, general meetings of members, etc. One of the features of the building would be a proper room for the C. L. Butchers Library. The Council had at present a valuable collection of books, but nowhere to house them that would be accessible. The proposed library could be very valuable to the members. All of these things he thought would add to the efficiency of the College and its services to members.

The introduction of a full time course, which would be possible in the new College, would eliminate the broken time which was so unsatisfactory in the present system. The student would spend large blocks of his time in the College, and in his pharmacy would get much more practical training than was possible at present.

The inspiration for a movement such as this might well come from the work of the founders of the present College in 1880. A few members of the Society met together and set about establishing a College. They put up the necessary money almost overnight, and at one period the Council members for a time paid the salaries of the teaching staff. They established a wonderful standard. What they did in 1880 he thought could serve as an example in 1958.

#### The Campaign Explained.

Mr. Scott called on Mr. N. C. Manning to explain the working of the campaign. He said Mr. Manning had devoted himself almost exclusively to the furtherance of the appeal over the past two weeks. His energy and dynamic personality had been vitally important, and without him they would not have achieved what they had.

Mr. Manning outlined the three phases of the campaign, which would take in the members of the metropolitan area, those in the country area, and lastly the members of the wholesale and manufacturing industry and similar industries.

He explained that the Appeal Committee consisted of a team of chemists, who had made their pledges of support to the scheme, and would call on chemists in the metropolitan area seeking their pledges. The method of conducting the appeal was the exact antithesis of high pressure. It would be characterised by friendliness. Members of the Appeal Committee would call on brother chemists in a friendly manner and seek their promise of support.

Mr. H. A. Braithwaite was then introduced by Mr. Scott, and he explained the procedure for completing and returning the pledge cards and the scale of contributions which were suggested as applicable to various categories within the profession. He emphasised that the signing of a pledge did not in any way impose an obligation, but was essential for recording and follow up purposes. He said no person would be asked to give more than he could afford, taking into account his own personal commitments.

#### Concluding Remarks

Mr. L. B. Allen, President, Victorian Chemists' Sub-Branch R.S.S. & A.I.L.A., said that as President of the Victorian Chemists' Sub-Branch he was greatly honoured to act as Chairman of the Arrangements Committee, set up to undertake the arrangements for the Dinner. He wished to express his thanks to Mr. Grimwade for his able chairmanship and for the practical support he had given to the appeal.

They had been delighted to hear the Dean and the other speakers, and it was a pleasure for him and his Committee to have had a part to play in the arrangements. He paid particular tribute to detail work of Mr. Borowski.

Mr. Allen said he wished also to thank the lady pharmacists for their very great help in bringing so many prospects together for the Dinner.

The new College, Mr. Allen said, must be something more than bricks and mortar. There would be a definite memorial aspect to the building to which he drew particular attention. He said: "May this new Memorial College of Pharmacy be a fitting memorial to those who gave their all and rallied to their country's need in two world wars."

May students who pass from the portals of this new College receive incentive and stimulant to their studies when they realise its significance as a memorial erected in memory of those pharmacists and students who served in the two world wars.

May you all remember, when making your pledge, the sacrifices of members of the profession in the service of their country and realise that this called for a worthy response."

"Lest we forget."

#### METRIC SYSTEM INQUIRY

##### British Association Study Group

The British Association has set up a study group under the chairmanship of Sir Hugh Beaver "to report on the practicability, implications, consequences both international and domestic, and the cost of a change-over to the metric system or the decimalisation of weights, measures and coinage by the United Kingdom."

Interim reports on the progress of the investigation will be submitted at quarterly intervals to the council of the Association, and a full report is expected in about 18 months' time. The group have been asked to obtain such information as is necessary for the purpose of the inquiry "by taking evidence, by visiting firms and organisations or by any other means."—"The Pharmaceutical Journal."



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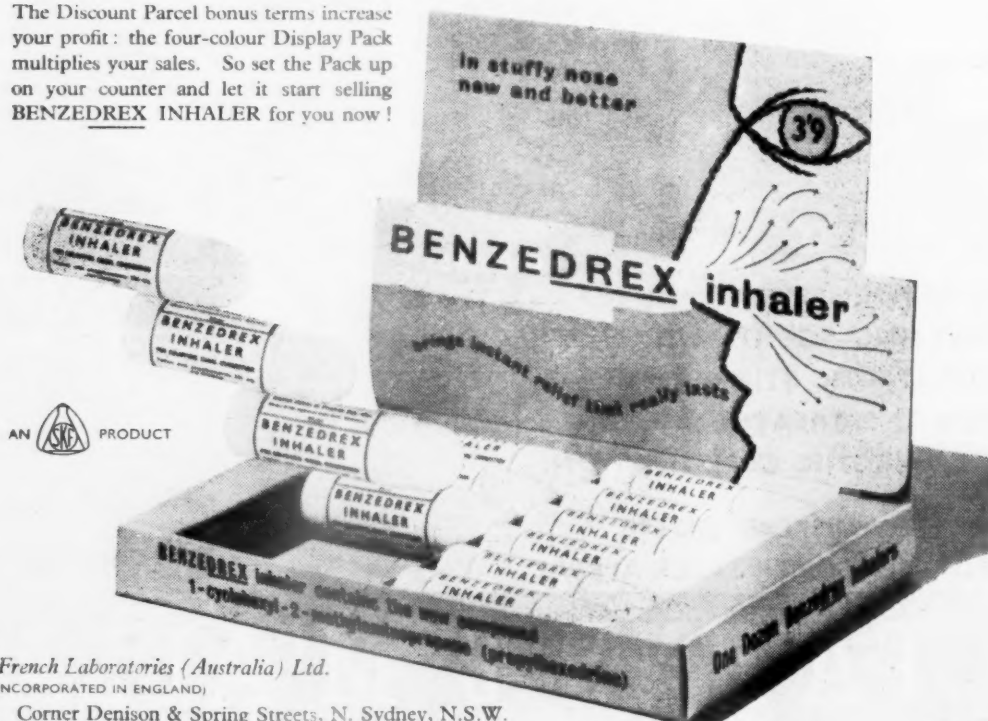
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# DRUG ADDICTION Vs. DRUG HABITUATION

(With acknowledgments to "The Southern Pharmaceutical Journal")

Drug addiction and drug habituation have been defined by the World Health Organisation Expert Committee on Drugs Liable to Produce Addiction:

"**DRUG ADDICTION** is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include:

1. An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means;
2. A tendency to increase the dose;
3. A psychic (psychological) and generally a physical dependence on the effects of the drug;
4. An effect detrimental to the individual and to society.

**DRUG HABITUATION** (habit) is a condition resulting from the repeated administration of a drug. Its characteristics include:

1. A desire (but not a compulsion) to continue taking the drug for the sense of improved well-being that it engenders;
2. Little or no tendency to increase the dose;
3. Some degree of psychic dependence on the effect of the drug, but absence of physical dependence and hence of an abstinence syndrome;
4. A detrimental effect, if any, primarily to the individual.

The following drugs have been grouped as belonging to the Drug Addiction classification:—The opiates, chloralhydrate, barbiturates, bromides, alcohol, marijuana, cocaine. Some authors question whether barbiturates and alcohol should be classified as true addicting drugs, and suggest that they be classified as habit-forming drugs.

In the United States the classic example of true addiction is drawn from the chronic use of opiates and the symptoms associated with its withdrawal. These symptoms are characterised clinically by restlessness, insomnia, muscle spasm, vomiting, colic, mental suffering, delirium and collapse.

In true addiction there exists psychic or emotional dependence. The addict craves the drug in order to obtain the abnormal adaptive behaviour he desires. As a result there occurs an altered **physiological state**, which results in a physical dependence. This physical dependence requires continued administration of the drug to prevent the occurrence of the withdrawal or abstinence syndrome.

Prolonged usage of the drug promotes a tendency to addiction by requiring increased dosage to obtain the same effect and to avoid a withdrawal syndrome.

In contrast, habituation has not been so clearly defined. However, continuous prolonged administration of a drug results in the following characteristic signs of symptoms:—A feeling for the need to continue the use of the drug (psychic dependence); if the drug is withheld the patient will frequently seek another drug which will produce similar effects.

There is no physical dependence. The typical withdrawal or abstinence syndrome does not occur. Increased tolerance to the drug may develop, but it is not so frequently observed as with addicting drugs.

Habitation may be detrimental to the individual, but it is not considered detrimental to society.

Eddy, in a J.A.M.A. editorial, comments:

"Obviously, it is desirable to warn against the possibility both of addiction and of habit formation, but

since these dangers vary considerably in degree a clear distinction should be made as to whether a drug is liable to produce addiction or merely liable to produce habituation.

The need for clarification is accentuated by the constantly increasing number of drugs in our armamentarium. There are, on the one hand, the drugs that produce morphine-like effects, including the development on repeated administration of all of the characteristics of a morphine addiction, although that condition may develop at a different rate and with a different intensity. There are also the many drugs, old and new, that have sedative properties and that, because they give some easement of tension, tend to promote a habit in those who take them. For most persons the rise in the use of the latter group is only one of some degree of habituation. However, abuse, i.e., use in an amount appreciably beyond the therapeutic level, of some of them can set into operation the phenomena of physical dependence."

Drug addiction has not occurred in patients treated with meprobamate, even though billions of tablets have been taken by millions of people. Government bodies have made careful studies of the drug, and have not classified it as an addicting drug like the narcotics nor as a habit-forming drug like the barbiturates.

Lemere<sup>1</sup> claimed to have observed "mild habituating properties" of meprobamate in a few patients. He qualified his observations as follows:

"Meprobamate is not habit forming in respect to any increase in tolerance. On the contrary, one of the major advantages of this drug has been that with continued medication decreasing amounts are needed to produce the same reaction."

He reports that six patients who had formerly been addicted to alcohol and barbiturates refused to continue meprobamate medication because they felt they were becoming "addicted." In six other patients, out of a group of 600 patients being treated with meprobamate, the drug had to be discontinued because of excessive self-medication. Five of these six patients were former alcoholics. One other patient who had been taking 6.4 Gm. of meprobamate daily for a month had a convulsion 10 hours after discontinuing the drug.

Over one hundred and fifty clinical reports on meprobamate have been published in the literature. The only other reports of possible withdrawal symptoms have been made by Gillette<sup>2</sup>, who reported one uncertain case of headache and nausea after discontinuation of meprobamate; Tucker and Wilensky<sup>3</sup>, who observed two grand mal seizures and a temporary sharp increase in anxiety and tension in 16 other patients; by Hollister<sup>4</sup>, who noted a possible withdrawal syndrome of anorexia, nausea and vomiting, marked tremor, restlessness and mental depression in three patients on discontinuation of meprobamate; and by Phillips and associates, who report two cases of "meprobamate addiction."

An editorial in GP<sup>5</sup> expresses some alarm about possible "addicting" properties of meprobamate, but makes no distinction between addiction and habituation, and apparently confuses these two entities.

This makes a total of approximately 30 possible cases of withdrawal reaction out of a total of 6675 patients treated with meprobamate in clinical studies, an incidence of about 0.0045%. Thus, of over a hundred investigators, only five have reported possible withdrawal

symptoms. Gillette admits that her case is a questionable one; Tucker and Wilensky were dealing with chronic schizophrenics; Lemere's cases were alcoholics or barbiturate addicts; and Hollister<sup>6</sup> notes that some symptoms were present prior to treatment.

Lamphier<sup>8</sup> makes an acute observation on the possible habit-forming property of meprobamate:

"... before we do more than suggest the possibility of habit formation and urge careful supervision in prescribing the drug, we will have to be confronted with cases of addiction in patients other than alcoholics. The alcoholic presents a special case as far as addiction and excessive self-medication are concerned, and cannot in any sense give an accurate picture of the addictive properties of a drug. A fairer test of addiction, I think, would be in the normal persons given a drug in time of stress. My own use of meprobamate has been of this nature... I found no sign of addiction, habit formation, or tolerance to meprobamate."

Osinski<sup>7</sup> observed what he at first thought was a withdrawal reaction to meprobamate in a patient who had been an alcoholic and a barbiturate addict. Osinski had never observed a similar reaction on discontinuation of meprobamate therapy, so he was impelled to question the patient closely:

"As a result, he finally disclosed that he had continued to take barbiturates during the period that he had led his physician to believe that he had given them up, and that he had only discontinued them before the withdrawal symptoms occurred. The reaction was thus clearly the result of the withdrawal of barbiturates and not of meprobamate. Another patient with a similar case was also treated at our hospital, but alcohol was the responsible agent.... I think it would be a pity if a drug as useful as meprobamate, and as free of toxic reactions, should acquire an undeserved reputation for habituation."

An alcoholic has already demonstrated that he is habituation prone. He is by nature a dependent individual. He may have an oral fixation; he may find satisfaction or relief in taking anything by mouth, even water. Fox states<sup>9</sup>:

"Individuals who have been drinking continuously and who are not yet 'ready' to become sober cannot, in my experience, be managed successfully without medication to relieve the tension and substitute for the artificial support provided by alcohol."

A useful distinction can be made here between habit-forming drugs and habit-forming individuals. This distinction was made by the two consultants delegated by the A.M.A. to answer the following question in "Queries and Minor Notes":

"Are there any non-habit-forming hypnotic drugs or tranquillisers?"

Excerpts from the two answers follow:

ANSWER: Strictly speaking, there are neither non-habit-forming hypnotic drugs nor tranquillisers. It is always a particular individual who forms the habit because the drug prescribed has high emotional significance and may, in fact, represent the doctor himself. The question is therefore whether there is any drug that will be safe for the patient. It is recommended that care of such patients be discussed with a psychiatrist.

ANSWER: It is doubtful that any sedative, hypnotic or tranquillising drug would not be habit-forming. By habit-formation (or habituation) is meant psychological dependence on the use of a drug without such habit formation necessarily being associated with ingestion of sufficient quantities of the drug to cause any impairment to mental or physical health and without any necessary association with physical dependence... If a patient becomes habituated or addicted to one drug, use of any other sedative or

hypnotic drug, unless very carefully supervised, might result in development of another drug problem, regardless of the drug used.

An unpleasant effect is to be expected in any patient who is suddenly deprived of a drug which has relieved uncomfortable symptoms, particularly if excessive doses have been used.

Hence, Corrin,<sup>10</sup> for example, states:

"The psychopath and certain unstable types are liable to develop an addiction for anything which gives them relief."

And Tomb in an editorial<sup>11</sup> points out that:

"Probably there will never be a drug that can be used indiscriminately to relax tensions, relieve anxieties and build up a sense of security that is not potentially dangerous."

Fazekas<sup>12</sup> cannot comprehend the fear of a chemotherapeutic approach to psychiatric problems.

Ortega y Gasset, in his book "The Revolt of the Masses," formulates the difference between the adequate and the inadequate personality:

"... the select man is not the petulant person who thinks himself superior to the rest, but the man who demands more of himself than the rest, even though he may not fulfil in his person those higher exigencies. For there is no doubt that the most radical division that it is possible to make of humanity is that which splits it into two classes of creatures: those who make great demands of themselves, piling up difficulties and duties; and those who demand nothing special of themselves, but for whom to live is to be every moment what they already are, without imposing on themselves any effort towards perfection; mere buoys that float on the waves."

Kierkegaard thought that freedom depends on how responsibly and autonomously one relates to oneself.

#### A Note on Side-effects

Of the side-effects of meprobamate that have been reported in the literature, drowsiness comprises over half. Of the other portion, fatigue comprises about one-third. Nearly all the investigators who reported drowsiness as a side-effect claimed that it was an initial reaction and subsided as the dosage levelled off. Some investigators found the drowsiness desirable. The incidence of drowsiness is not surprising in view of the fact that daily dosages as high as 8000 mg. were used in clinical studies. A typical comment on drowsiness as a side-effect is made by Kessler and Barnard<sup>13</sup>:

"... the soporific effects marked in some patients on initiation of administration tend to become less with continued use... even in the soporific phase there is little or no clouding of the sensorium and mental efficiency is unimpaired or even improved."

Drowsiness and fatigue thus make up about three-fifths of the side-effects of meprobamate reported in the literature. Only one instance each of the following side-effects has been reported: epistaxis, generalised ache, frequent urination, convulsion and fainting spell. Of the remainder the most frequent side-effects have been nausea and vomiting, headache, urticaria, erythema, anorexia and skin rashes. The headache and nausea can be easily controlled by conventional measures. The allergic reactions can usually be subdued with an antihistamine such as Phenergan Hydrochloride. The incidence of side-effects, other than drowsiness and fatigue, is about 4 per cent. Speaking of the extremely low incidence of meprobamate side-effects, Pelner<sup>14</sup> states:

"There is hardly a useful drug on the market that does not give this small percentage of reactions."

The role of psychosomatic factors in allergic reactions to meprobamate is an important consideration. Very many of the patients to whom meprobamate was ad-



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ministered in clinical studies were neurotic or psychotic.

Bernstein and Klotz<sup>19</sup> called attention to the psychosomatic factor in their series of skin tests. They state:

"In our experience in an allergically weighted group of patients there has been apparently a higher incidence of meprobamate sensitivity than for the population as a whole. Skin tests by the scratch method with meprobamate, gelatin, starch, magnesium stearate, and alginic acid (the constituents of the tablets) yielded negative results in all cases. This was not surprising, but was attempted in order to determine whether the drug or some other factor was responsible for the allergic reaction."

Even placebo produces toxic reactions, as Weinberg<sup>18</sup> points out:

"... lactose has surprising versatility, for it sometimes seems not only to have produced the beneficial effects that had been expected from the drug being tested but also to have had a similar toxicity. Obviously, such findings demonstrate how powerful suggestion can be in therapy."

Most of the investigators of meprobamate have testified to its safety. Patients attempting suicide with meprobamate have ingested as many as 100 tablets and recovered with no ill-effects. Meprobamate is one of the safest medications on the market. Following are two typical comments:

"... so far as I know, Equanil has not produced a toxic effect in our use of it. I therefore consider it one of the most innocuous drugs therapeutically."

"It is concluded that meprobamate is a practical, safe and clinically useful nervous system depressant, which is not habit-forming and which has very low toxicity."

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## THE CHRISTIAN MEDICAL FELLOWSHIP OF AUSTRALIA

It is not widely known outside of medical circles that there is within the medical profession a Christian Medical Fellowship.

At infrequent intervals reference to a gathering in Australia of the Fellowship is found in "The Medical Journal of Australia."

The issue of that Journal for June, 28, 1958, contains a report of a meeting held in Hobart on the occasion of the Tenth Session of the Australasian Medical Congress.

The meeting was held at Bishops Court by courtesy of the Bishop of Tasmania, who was present.

The main theme of discussion was "Possibilities and problems of improved co-operation between doctors and clergy."

The principal speakers were Dr. Bruce Peterson (N.S.W.) and the Rev. Godfrey Kircher, Precentor of St. Paul's Cathedral, Melbourne.

Dr. Peterson opened with the comment that although for many decades individual clergymen, priests and doctors had co-operated on a friendly basis in helping the sick in body and soul, there had been in recent years renewed interest and activity in such co-operation.

Six reasons were advanced by doctors who said that they should co-operate on every possible occasion with clergy:

1. If the doctor was a good listener, many patients would unburden themselves of emotional and spiritual problems. If the patient wished it, the latter problems might warrant referral to a clergyman.
2. Many folk with emotional and spiritual problems went first to the clergyman. Some of the problems had medical aspects—for example, irritability might be due to ill health, in which case the clergyman should refer the patient to a doctor.
3. The role of faith, spiritual comfort and a purposeful philosophy of life in helping patients cope with anxiety, resentment and guilt could not be ignored. Those feelings and attitudes were important in all illnesses, especially in those classed as psychosomatic and in the neuroses.
4. In all sickness one must bear in mind "the whole man," a psychosomatic unity of body, mind and spirit, in his total environment. There was an overlap in the work of clergyman and doctor, especially in the psychological sphere. Both clergyman and doctor tried to help "the whole man," as counsellor and friend, and in interviews both used the techniques of skilled listening and talking. In the broader sense, religion needed the insights of physiology, psychology and clinical medicine; and the practice of medicine was incomplete and inadequate if moral and spiritual factors were ignored.
5. Some patients asked to see a clergyman; or a clergyman might seek permission to visit a patient. There were occasional contraindications, but they were very few.
6. Support for co-operation between clergy and doctors came from statements issued by the Council of the British Medical Association in England in 1947 and 1954.

## MORE MEN THAN WOMEN DIE

"Each year over 200,000 more men than women die in this country," says the Health Information Foundation. "Already there are 7,700,000 widows in our population, and the number is expected to rise sharply in the years ahead." In 1956, according to H.I.F., the death-rate for all males was 9.6 per 1000 population... a rate more than 50 per cent. higher than for females.—"Drug and Cosmetic Industry."

# Guild Officials in Successful Queensland Tour

*By Keith Attiwill*

More than 5,000 miles by air were covered by the Guild Federal President (Mr. Eric Scott) and the Federal Public Relations Director (Mr. K. G. Attiwill) at the end of July, in a comprehensive tour of North Queensland coastal districts as far north as Cairns. They were accompanied in Queensland by the President of the Queensland Branch (Mr. W. A. Lenehan) and the Vice-President of the Queensland Branch (Mr. C. A. Nichol), who is also a member of the Federal Council.

Zone meetings were held at Broadbeach, adjoining Surfers' Paradise (where a new zone was formed amid great enthusiasm), Maryborough, Bundaberg, Rockhampton, Cairns, Townsville and Mackay.

A well attended meeting at the Guild rooms in Brisbane on July 21 gave a warm welcome to the Federal visitors.

## **Broadbeach Meeting**

At Lennon's Broadbeach Hotel, where the new zone was inaugurated, 15 chemists from the district were present. They were:—

Messrs. D. Scott Hyslop, E. J. Wilson (Beenleigh); S. F. Callinan, P. Callinan (Beaudesert); F. P. Searl (Kirra); F. W. Burton (Campbell Hill); H. J. Ellway, W. E. Martin (a member of the Federal Council), C. W. Watkins, W. A. Gordon, J. W. Condie, E. T. Tolmie (Southport); M. Kirsner (Coolangatta); V. H. Laws, F. B. Hosking, H. M. Samuel (Surfers' Paradise); V. Laird, E. Bartlett (Burleigh Heads); W. H. Hooper (Miami); J. P. Cutcheon, G. C. K. Rasmussen, T. H. McManus (Tweed Heads); Mrs. Laws (Mermaid Beach) and Mrs. Laird (Palm Beach).

Members of the Queensland State Branch Committee who also attended were:—Messrs. W. A. Lenehan, C. A. Nichol (a member of the Federal Council), J. Delahunty, Frank Phillips, L. Huxham, and H. Darrouzet.

Mr. Scott, in an inspiring address, said that the senior officers of the Guild must constantly travel round Australia to keep members informed. Two-thirds of the Guild members had joined in the last 10 years. They had had no practical experience of the hard conditions that had prevailed in retail pharmacy before the Guild had gathered its present strength.

"I have been in the U.S.A.," said Mr. Scott, "where the retail chemists have tried to meet their problems singly, and have failed. There is no retail pharmacy organisation in the world so aggressive, so well organised, and so active as the Guild.

"The Guild is a weapon to slay our enemies. If the weapon is not effective, it is because it is not sharp enough. That reflects upon our officials and upon every member of the Guild.

"Is the Guild too democratic? There is no action by the Federal Council that is dictated from above. Every single action is dictated by the members throughout Australia. We think this form is best because it enables the Guild to absorb vitality from the members in the field."

Reviewing the tour of the U.S.A. which he made last year with the Guild Federal Merchandising Manager (Mr. R. G. Ross), Mr. Scott said, "We have to meet competition. After our American tour I do not think that supermarkets are the greatest enemy of retail pharmacy. The real enemy is the cash and carry store."

Dealing with the Guild's new publicity and merchan-

dising campaign, Mr. Scott said that it would begin in Victoria, which faced the menace of price cutting, and which the Guild was prepared to meet. Price cutting was no good to pharmacy.

He referred to the fact that the chain stores were being asked to feature beauty lines.

"What are we going to do?" he asked. "Are we going to sit down and fold our hands? The Guild would be recreant to its trust if it advised you to do that. The only way to meet competition is to fight! That is what the Guild was organised to do. Many of our lines have been taken from us. What is our reply?

"After much discussion the Guild decided that the Victorian Branch would be the 'guinea pig,' and that every Guild chemist in the State would be asked to forgo one-half per cent. of his monthly discount from the principal wholesalers to provide a fund to pay for an advertising campaign to tell the public what the chemist is and what they can get from him. In six weeks 800 of our 1,075 members had sent us their signed agreement to the proposed deduction. By the time we return to Melbourne I expect there will be 90 per cent. of the Victorian Guild members in the scheme. (Applause.) Later, the other States will have the opportunity to extend the campaign to their States, in each of which it will be conducted by a committee of Guild members within that State—with expert help as required. Ninety per cent. of the money contributed by the members of the Guild in a State will be spent by the State Branch on the campaign within that State. All advertising media will be considered, and the plan is so flexible that it will be easy to adapt it to meet the requirements of every group of chemists in city, suburban, provincial, and country areas."

Mr. Scott also gave a first-hand account of the negotiations between the Federal Council and the Commonwealth Government which resulted in a percentage increase in the professional fee paid to chemists for dispensing under the pensioner medicine service of the National Health Act. Mr. Scott criticised the Commonwealth action which led to a Ministerial determination being made, fixing the new rate before the negotiators had had time to submit the matter to a special meeting of the Federal Council, which had been called for the purpose. Section 99 of the National Health Act provided that the rates of payment to chemists under the Act would be determined by the Minister after consultation with the Guild. This arbitrary action did not accord with the true partnership spirit in the health scheme, between the Commonwealth Government and the Guild. The Government and the Guild were justly proud of the comparatively smooth working of the health service as a whole, and the Guild had made a strong protest against the way in which the determination had been shot into the negotiations.

Mr. Lenehan said that his State Branch Committee thought that a zone was desirable, to include about 30 chemists in a comparatively small area—Southport, Surfers' Paradise, Coolangatta and adjacent areas—to hold meetings periodically to talk over local matters.

A motion proposing the formation of a zone was moved by Mr. H. M. Samuel, seconded by Mr. F. W. Burton and agreed to unanimously. Mr. Ellway was appointed secretary pro tem.





(1) Brisbane: E. Scott and A. M. McFarlane. (2) Brisbane: A. W. Eberhardt, A. N. C. Munro, R. M. Ward. (3) Brisbane: G. R. Wells, B. F. McDermott, L. W. Huxham, C. A. Nichol. (4) Maryborough: W. A. Lenahan and J. Kuhnemann. (5) Maryborough: J. R. Beresford, C. A. Nichol, H. M. Kingston, E. Scott. (6) Maryborough: J. G. Gilmore, R. H. Winterflood, W. F. Hile. (7) Maryborough: E. Scott, J. M. Sherry, J. S. Tooma. (8) Bundaberg: C. Carls, C. Scott Hyslop, D. L. Small, G. A. McBride, K. R. Cullen, J. R. Heape. (9) Bundaberg: G. A. McBride, C. A. Nichol, W. A. Lenahan. (10) Rockhampton: B. J. Pearson, Miss I. M. Symons, F. W. Shotker. (11) Rockhampton: H. P. Fitzpatrick, E. Scott, C. A. Nichol. (12) Cairns: W. C. Balzer, D. J. Moynahan. (13) Townsville: C. A. Nichol, J. Gardner. (14) Townsville: W. A. Duffield, E. Scott, G. Duffield. (15) Townsville: M. J. C. Woodward, Mrs. C. M. Williams, C. E. Dempsey. (16) Mackay: R. Valmadre, C. J. Miles, C. A. Nichol. (17) Mackay: J. S. Hunter, N. E. Clarke.

### Brisbane Meeting

About 80 members of the Guild attended the meeting at Brisbane to welcome Mr. Scott and Mr. Attiwill.

Mr. Scott gave a stirring account of the development of the Guild, and emphasised the dangers confronting retail pharmacy. Many questions were asked about the projected publicity and merchandising scheme, including the following:—

Will we get something from the Guild to teach our assistants how to sell?

Mr. Scott—Yes.

### Maryborough Meeting

Upon arrival at Maryborough on July 22, the visitors were greeted at the aerodrome by Messrs. H. M. Kingston (Chairman of the Guild zone) and J. R. Beresford. After a pleasant drive round the district they were entertained at afternoon tea at the charming riverside home of Mr. and Mrs. J. Quentin Beresford.

The following attended the meeting:—Messrs. H. M. Kingston, J. G. Beresford, J. R. Beresford (Jnr.), J. S. Tooma, J. G. Gilmore, R. H. Winterflood (Maryborough), W. F. Hile (Pialba), W. J. Evans (Torquay), J. M. Sherry (Gympie), M. G. Hooper (Childers), J. Kuhneman and A. Angell (Maryborough).

Again the audience followed attentively the addresses of the speakers, and Mr. Scott and Mr. Attiwill answered many questions about the publicity and merchandising campaign.

Mr. Scott explained that the Federal Council had decided to introduce the scheme State by State. West Australia, because of distance from the other capital cities, was going ahead now, and Mr. G. H. Dallimore had reported 100 per cent. acceptance of the plan by the W.A. Guild chemists. Mr. Scott said that probably within 12 months there would be the one big Guild advertising campaign in Australia. Such a scheme must have a tremendous impact upon the market.

Mr. Scott added, "Two of the biggest things the Guild will then have done will be, we hope, to get realistic dispensing fees from the Government, and to launch with successful results the publicity and merchandising scheme."

At Maryborough the suggestions made at the meeting by local chemists included one that 16 m.m. films of selling techniques for retail chemists and their staffs be screened in various country areas and explained by experts.

Mr. Scott said, "When I return to Melbourne I will ask the Guild Merchandising Department to look into the question of a 16 m.m. film on 'How to Sell'."

### Bundaberg Meeting

At Bundaberg Mr. G. A. McBride, local zone president, greeted the travellers, and drove them to see one of the wonders of Queensland today—a sugar bulk handling plant. What Yallourn is to Victoria, the sugar bulk handling plant is to Queensland!

A highly successful meeting was held, the following zone members being present:—Messrs. G. A. McBride, D. L. Small, E. Griffiths, J. B. Heaps (also his son), C. Caris (Bundaberg), S. N. Gaydon, M. G. Hooper, A. A. Testa (Childers), K. R. Cullen (Gin Gin), T. F. Hiscock and Branch Manager.

Great keenness was shown by members, old and young, in discussion of the publicity and merchandising plan.

A member said that a tremendous number of catalogues were distributed in the district. Mr. Scott said that this form of advertising might be useful in such an area. The Guild would give guidance and provide "copy" for such specialised regional parts of the general scheme.

### Rockhampton Meeting

Rockhampton zone was visited on July 24.

Before the meeting, Mr. Scott and Mr. Attiwill visited Mr. Stan Gordon, the zone president, in hospital, where he is expected to remain until about mid-September.

At the meeting, Mr. Harold Fitzpatrick occupied the

chair, and the following zone members also attended:—Messrs. H. P. Fitzpatrick, R. Fitzpatrick, R. E. Deacon, E. J. Brock, F. W. Shotker, F. G. Skinner, J. K. Brownlee, B. J. Pearson, B. M. Fitzgerald, Miss I. M. Symons. (All these members were from Rockhampton.) Apologies were received from Mr. W. J. Barker (Gladstone) and Mr. G. Haskins (Yeppoon), who attended the Brisbane meeting while holidaying in that city.

At this meeting, as at others, Guild members followed keenly the Federal President's review of recent negotiations with the Government and here, as elsewhere, the Federal President was given a unanimous expression of full support in any departmental or political approach that might be necessary.

### Cairns Meeting

Another enthusiastic meeting was that of the Far Northern Zone (Chairman, Mr. Harry Ling), at Cairns on July 27. It began at 11.30 a.m. and ended in the late afternoon.

The following zone members attended:—Messrs. H. J. Ling, A. B. Tovey, W. C. Balzer, W. G. O'Brien, R. P. Tobiano, D. J. Moynahan, W. W. Punchard, J. H. McHugh, A. J. Shaw, E. C. Lindsay (Cairns), I. W. Musumeci (Mareeba), J. A. Louis (Gordonvale), B. J. Nahrung (Mossman), E. L. Terkelsen, A. Lagana, J. S. Patane (Innisfail), M. Ackland (Babinda) and E. Cripps (visitor from Townsville).

Mr. Lenehan congratulated the zone upon the large attendance at the meeting, and he invited questions—an invitation that later in the day was accepted. More than an hour was occupied by questions and answers by the visiting officials.

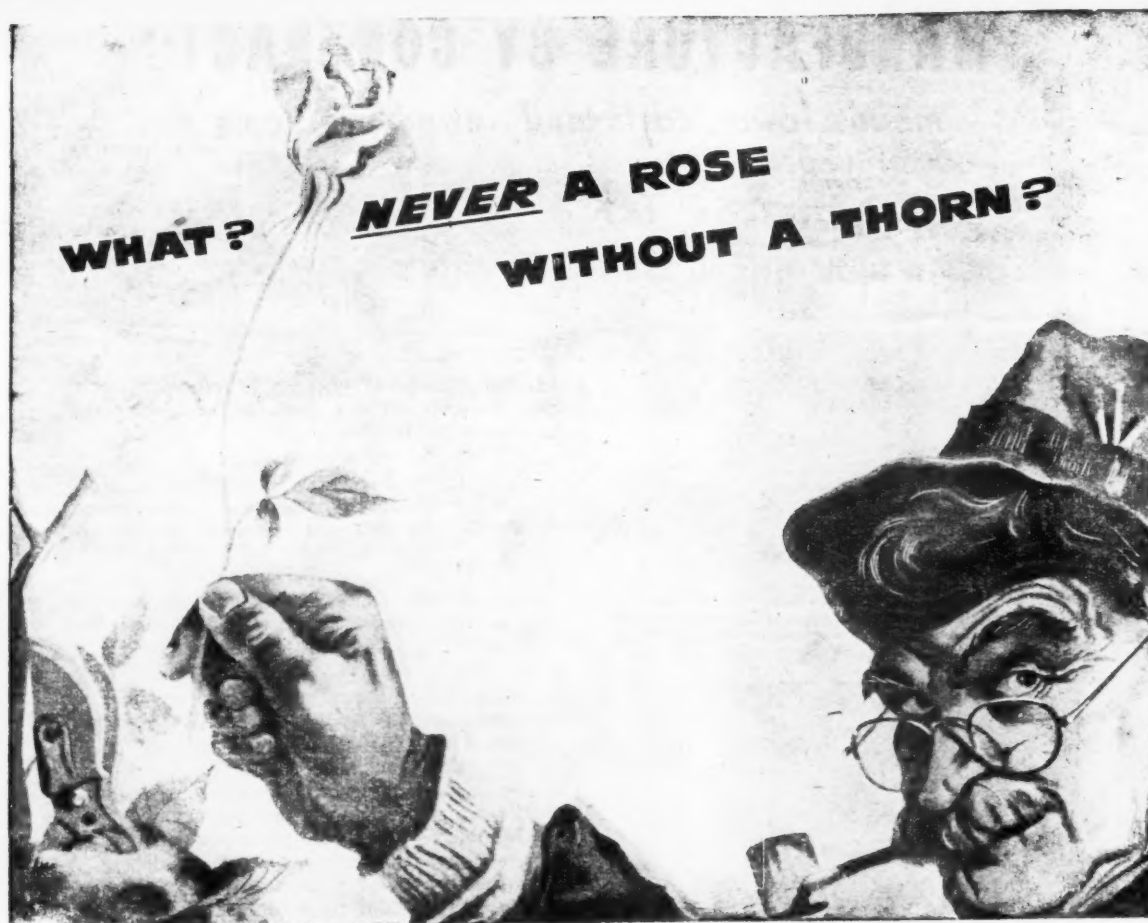
Mr. Scott, who was warmly applauded, said that at the beginning of the N.H.S. negotiations, pharmacy had undervalued itself. They knew better now. It had been well said that a man was known by the price he put on his services. Today the terms for dispensing general pharmaceutical benefits were reasonable, but those for pensioner dispensing under the medicine service were not. Pharmacy suffered from the differing policies of State Governments upon the subject of price control. Yet Guild members worked the same number of hours, paid the same prices for drugs, and paid the same wages for labour. Mr. Norman Keith, the Victorian Branch President, and the Guild's Federal supervisor of pricing, had said that the Guild's price structure would stand up to any investigation. Yet the Guild had failed in its latest negotiations with the Commonwealth Government for a higher professional fee for dispensing medicine to pensioners. The Government had foisted a 3/- flat rate upon the Guild by means of a "determination"—an arbitrary action. It represented an increase of 11½d., but in its implications, in that it imposed a low figure on chemists, the negotiations had, in his opinion, failed, and should be reopened.

Mr. Scott then turned to the publicity and merchandising plan, of which he gave a full and clear explanation.

Mr. Attiwill said that in his task of progressively educating the public about the service given by the chemist, he had moved all over Australia and the chemists had shown signs of understanding the problem of public relations and the urgent need for a public relations officer to explain the people, the politicians and the pharmaceutical chemists to one another. To help retail pharmacy overcome its obstacles one had to be dedicated to it—half-measures were no good in a field in which finance capital was invading pharmacy's so-called privileged position.

Mr. Attiwill concluded with some "off the record" sidelights of his experiences in public relations work for pharmacy.

Mr. Balzer said that those present appreciated all the fine things being done for them. "Sometimes," he said, "I think that we get to the stage where perhaps we expect them to be done and do not show due appreciation. I think that Queensland should immediately start the Guild publicity and merchandising scheme. It is



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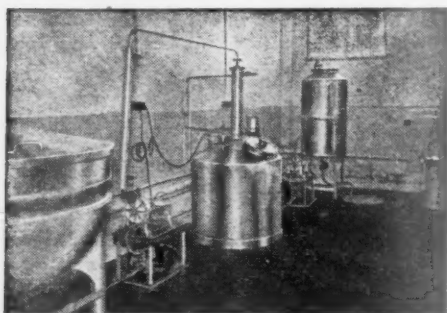


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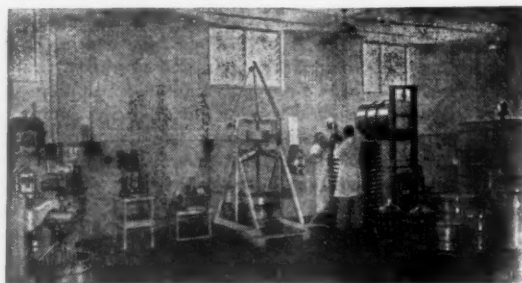
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most essential that a sales talk by some executive should be sent to every district and every town in Australia, and that all of those in retail pharmacy should be given an opportunity to listen to it, not only the staffs, but also the Guild members themselves.

**Mr. Ling:** Will the scheme be compulsory? If some stay out and some come in, what will happen?

**Mr. Scott:** In a voluntary organisation, there could be 10 per cent. who will stay out, accept the benefits, and pay nothing. The only alternative would be a compulsory scheme.

**Mr. Ling:** Any suggestion of compulsion?

**Mr. Scott:** Not yet. If any State sends in a remit to the Federal Council in favour of making it a compulsory scheme, we must consider it. I think it is a financial matter, and under the Guild constitution it has to go to the members to vote by piebiscite.

**Mr. Balzer:** If you paid three or four men £1,500 a year they could explain the sales ideas to the chemists themselves.

**Mr. Scott:** That would be a matter entirely for your own State Branch to examine when the action committee was considering the advertising allocation for your State. Your population in Queensland is scattered. In Victoria we can cover a large part of the metropolitan area by television. In Queensland you have large centres, which would "up" the cost.

Mr. Ling suggested that the Guild should appoint a man who could spend the whole of his time moving throughout Australia to answer questions and explain problems, especially that of staff training.

**Mr. Scott:** It is an idea to think about. You would have to spend a lot of money for such a full-time man.

**Mr. Moynihan** said that the average income of chemists in Queensland was little enough in view of the increased responsibilities of the chemists. He suggested that the zone members should vote on the question of Queensland's participation in the publicity and merchandising project, to give the State Branch Committee a lead.

Several zone members spoke in support of the project and emphasised the importance of a staff training plan.

Mr. Balzer moved, and Mr. Moynihan seconded, a motion that the Far Northern Zone support the Guild publicity and merchandising plan; and urge its introduction in Queensland.

The motion was agreed to unanimously.

Mr. Ling inquired about the Pharmaceutical Society's progress in the new pharmacy education plan, and Mr. Nichol said that it was awaiting approval by the University Senate. The Minister for Health (Dr. Noble) was very keen on the plan. If the necessary legislation missed this year's session of Parliament, it might be introduced in March, 1959. It might be 1960 before the new system was brought into operation. It would consist of a three-year course at the University, and there would be no true type of apprenticeship.

The meeting ended with a vote of thanks proposed by the Chairman, supported by the two Zone Vice-Presidents (Messrs. Balzer and Terkelsen), and passed by acclamation.

#### Townsville Meeting

"It gives your State Branch Committee representatives great satisfaction to see so many members of the zone prepared to give up their time to travel to the meeting," said Mr. Lenehan in opening the zone meeting at Townsville on the night of July 27.

The following members of the zone were present:—Messrs. A. J. Shannon, G. E. Bourke, W. A. Duffield, H. Rawkins, G. Rawkins, F. J. Bray, C. J. Darley, M. L. Thurecht, M. J. C. Woodward, S. C. Ritchie, R. C. Simpson, Mrs. C. M. Williams, Miss N. Rankin, Miss A. M. Millican (Townsville), F. J. Behan, C. E. Dempsey, A. Dal Santo (Ayr), C. W. P. Carmichael (Home Hill), S. G. Sadlier, John Gardner (Ingham). Retired Guild member, Mr. E. G. Clark, of Home Hill, also attended.

Apologies for non-attendance were received from

Messrs. E. M. Waddle, J. F. Collins and G. Griffiths (Charter Towers). Mr. G. G. Duffield and Miss Myrna Duffield could not attend because they were on duty at the after hours pharmacy.

Referring to the Guild's negotiations with the Commonwealth Government on the National Health Service, Mr. Scott said, "We must ensure that in our contractual arrangements with the Government we base our case upon fundamental principles and not upon immediate gains."

After Mr. Scott and Mr. Attiwill had addressed the meeting on the subject of the publicity and merchandising plan, Mr. Duffield said, "If we go wholeheartedly into the campaign, I think it will be a success. I feel that the suggestions for this co-operative advertising are most encouraging. I am right behind the scheme. The thanks of the chemists generally are due to the Federal Council and its officers, and the State Branch Committees. I am full of admiration for them and for the time they give to Guild affairs. We depend upon them for our advance."

Mr. Lenehan gave an account of State Branch activities, especially in regard to prescription pricing and the negotiations that took place with the Prices Commissioner earlier in the year.

Mr. Duffield referred to the imminent retirement from active business of Mr. Clark. He said that all those present would join with him in saying how much they appreciated his work for the Guild, and in wishing him better health. They deeply appreciated his presence here that night.

By a show of hands, zone members unanimously supported the publicity and merchandising plan.

#### Mackay Meeting

Greeted at Mackay on July 30 by Mr. Jack Clark, the visitors were driven by him to see the Mackay bulk handling sugar plant in operation, and were impressed by the size and efficiency of the undertaking. They also saw the fine after-hours pharmacy—a co-operative effort in which every Mackay chemist participates.

At the meeting that night, the following zone members were present:—Messrs. J. F. Clark, R. Valmadre, J. S. Hunter, A. E. Howard, H. A. Goode, C. J. Miles, B. J. T. Phillips, A. J. R. Barnett (Mackay), and N. E. Clarke (Sarina).

Mr. Clark, in characteristically breezy fashion, greeted the visitors, and referred to Mr. Scott and Mr. Attiwill as "two sputniks orbiting round Australia for pharmacy's advancement."

Mr. Lenehan said that the Federal President always visited as many States and met as many Guild members as possible every year.

Mr. Scott said that he had been most impressed by the after-hours pharmacy. Such a development could never have occurred 25 years ago—it would have been impossible to get the chemist to club together. Today pharmacy was a profession. The only way that retail chemists could survive and obtain good conditions was to "get together."

Dealing with the subject of the publicity and merchandising plan, Mr. Scott said that it covered two problems: (1) to get pharmacy's professional services properly recognised; and (2) having put the professional side in order, to turn to the merchandising problem, and persuade the public to go to retail pharmacy to buy goods that properly should be bought in the chemist's shop, but which were bought today in the chain stores and the supermarkets.

#### Officials' Good Planning

The arrangements for the itinerary of the Queensland tour were most capably handled by Miss Brighthouse. The number of transshipments from one aircraft to another required much careful preparation and they went without a hitch.

Thanks are due also to the Zone presidents who co-operated with Miss Brighthouse in arrangements for the meetings at the various Zone centres.

# Animal Health Notes

## *Another One of the Family*

By Peter Durkin Rudduck, B.V.Sc.

One interesting feature of small animal practice is the affection members of a family group have for their domestic pet. It is usually a dog. Often his breed or identity of his parents is very doubtful, to say the least. All the same, when the question of hospitalisation is raised or the cost of medicinal treatment, there is no doubt at all about any reasonable expenditure, he is "one of the family" and that's that.

Remember, he is the children's playmate, the housewife's companion from nine to five on many week days, and in all probability accompanies the master each night on his walk around the block. Is he perhaps a member of the family group the retail chemist has overlooked? In many suburbs, one now sees pet food shops stocked with a variety of animal medicines and accessories, which would be far more appropriately displayed in a retail pharmacy. The correct medicine for the outpatient from the local veterinary clinic as well as standard preparations for the common ailments of all types of domestic animals should be stocked in any pharmacy.

Of the common diseases which affect dogs, distemper is undoubtedly the most serious. It is a condition which requires careful nursing and in many cases professional care for satisfactory treatment. It is a condition about which the retail chemist should be well informed.

Distemper is primarily due to a virus infection which causes a fairly high fever, loss of appetite, listlessness, and discharging eyes. In most cases this initial infection is complicated by the development of secondary infections. These may give rise to bronchitis and pneumonia; gastro-enteritis, often with a very severe dysentery; and to symptoms of meningitis, this includes fitting and the development of chorea, a condition in which the nerves supplying groups of muscles become infected, leading to spasmodic involuntary contractions. The nerve complications are particularly serious. They may lead to the death of the animal; they may produce some permanent after effect, or they may pass off as the patient's resistance and strength increases during convalescence. The complications of pneumonia and gastro-enteritis also can lead to mortalities, in fact as a general rule, the death of a distemper patient is due to the secondary complications rather than to the primary virus infection.

In recent years, other types of virus infections affecting dogs which are in some ways similar distemper and which may be described as para-distemper infections, have been recognised. These include Hard Pad disease, in which symptoms of meningitis associated with a hardening of the skin of the feet are characteristic, and Hepatitis, where, again, signs of nerve complications may predominate. However, the precise differentiation of these different types of virus infection is best left to the veterinary specialist.

Immunisation against the natural infection of distemper has been carried out for many years now, fortunately with extremely satisfactory results, although it must be remembered that there is a risk of complications developing in any dog being immunised. The technique of immunisation that was originally developed consists of giving an intradermal injection of live distemper virus, and following this after a short interval of time with an injection of hyperimmune serum. In this way, the dog is given an artificial dose of distemper, and the

development of the disease is controlled by doses of serum. A dog immunised in this way will have practically a complete protection for life to the virus infection of distemper. It must be remembered that during immunisation the dog may be infective to other susceptible dogs. One other fact is of the very greatest importance. It is that a dog being immunised may develop any or all of the secondary infections such as gastro-enteritis, pneumonia and meningitis, which are normally associated with a natural infection of distemper. It is, therefore, most important that a dog is in good health and free from worms when immunised. Some owners often bring a dog to a veterinarian for immunisation, having become apprehensive about distemper because the dog is off colour. This can lead to very serious trouble, because the greatest risk of complications developing during immunisation is with a dog which is incubating distemper. It is better not to carry out immunisation during winter months in the southern States of Australia, because at this time under cold, wet conditions, there is a greater risk of trouble developing in the way of complications during immunisation.

The method of immunising dogs against the virus infection of distemper has been modified in recent years by the development of techniques of culturing viruses on chicken embryos. We now have an egg-adapted virus for canine distemper immunisation. This can be given by a single injection, without the necessity of following with hyperimmune serum, but there is still a very definite risk of complications developing which occur in a normal distemper case. It will be readily understood, in view of the fact that with both these types of immunisation a live virus is used, and further, because of the risk of a very serious and complicated disease developing, although only in a very small percentage of cases, that it is essential for distemper immunisation to be carried out under the direct supervision of a qualified veterinarian.

Canine anti-distemper serum is generally available. This is obtained from dogs which have been hyper-immunised against distemper. It gives complete protection against the virus infection of distemper, but unfortunately it has only a temporary effect, usually for about two weeks from the time of inoculation. It is used for dogs which may be exposed to the risk of distemper infection, such as dogs at shows and in boarding kennels. It is also a very valuable treatment for distemper patients, especially in the early stages of the disease. The dose for prevention is usually 10 c.c. of distemper serum for dogs of all sizes. For treatment 20 c.c. to 40 c.c. is recommended, depending on the size of the dog. This may be repeated at intervals of two to three days if necessary during the first two to three weeks of treatment.

Canine mixed bacterial vaccine is also available for general use. This is a killed vaccine made from strains of organisms which commonly cause the secondary complications of distemper, and since it is these infections which cause mortalities in most cases, use of the vaccine will generally result in a dog developing only a comparatively mild attack of distemper.

So far as the treatment of distemper is concerned this will depend on the symptoms which develop. Penicillin

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is frequently used as the antibiotic of first choice. The dose is at least 1,000 units per kg. body weight. Streptomycin (dose 10 mgm. of base per kg. body weight) and Chloramphenicol (dose 15 mgm. to 50 mgm. per kg. body weight twice daily) are also employed in more serious cases. The sulphonamides for those cases which may develop pneumonia or gastro-enteritis are particularly valuable. Sulphadimidine is frequently used, the initial dose being 0.2 grammes per kg. followed by 0.1 gramme daily. Phthalylsulphathiazole is given at the rate of 0.1 gramme to 0.15 grammes per kg. daily. The sulphonamides are normally administered by dividing the total dose into two and allowing about twelve hours interval between each dose. However, in handling all distemper cases, careful nursing is of the greatest importance. The patient must be kept under comfortable dry conditions and at an even temperature, so as to avoid any risk of chill. This is most important, not only during the course of the disease, but also in convalescence, as there is a risk of the patient relapsing if exposed to cold or damp conditions, even after the dog appears to be making satisfactory progress.

Dogs which recover from distemper as a rule will have an immunity for the rest of their life. Rarely does it happen that a dog is affected with distemper more than once. This applies also to dogs which have been immunised by one of the methods using live virus. Young puppies will acquire an immunity from their dam if she has had distemper for about the first two months of life, but they should not be immunised till about four months of age. If any temporary protection is needed before immunisation can be carried out, it is best to use canine anti-distemper serum for this purpose.

Virus infections are a serious problem also for cats. Feline distemper is generally more acute than canine. Affected cats will refuse food, appear very depressed and may die within a few hours of symptoms being first observed. The symptoms most commonly seen are those of chest infections such as coughing and sneezing, difficulty in breathing, but the most serious type of virus infection affecting cats causes a very severe gastro-enteritis. The patient refuses all food; it may only drink water. The mortality rate in this form is often very high, before the use of antibiotic treatments, probably as much as 75 per cent. of all affected cats. Fortunately, Chloramphenicol gives very good results in treating this condition. The dose for cats is 15 mgm. to 50 mgm. per kg. body weight twice daily. It can be administered by capsule or more conveniently in the form of the palmitate. There is also an egg-adapted vaccine available for this particular type of distemper. This can be administered by a veterinary practitioner, when a thorough immunisation is desired.

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## BLUE CROSS LIMITATIONS

At the start of 1955 almost two-third of the U.S. population had some type of health insurance protection, but the great majority was covered through employee groups, the Health Information Foundation reports in its two-year study, Non-Group Enrolment for Health Insurance. Of an estimated 35 per cent. of the U.S. population not eligible for group coverage, only about a quarter were enrolled in Blue Cross or other health insurance plans on a non-group basis.

H.I.F. defines the non-group population as consisting mainly of self-employed persons, those over a certain age (usually 65), who are generally not eligible for health insurance protection, retired persons who no longer have group coverage through places of employment, and persons who work in places too small to have group contracts.—"Drug and Cosmetic Industry."

# Britain's National Health Service

## *A Resume from United Kingdom Information Office*

In the ten years since the National Health Service came into being, on July 5, 1948, Britain has gone a long way towards creating a fully comprehensive health service designed (in the words of the National Health Service Act, 1946), to secure an improvement in the physical and mental health of the people and the prevention, diagnosis and treatment of illness.

Before 1948, Britain had health services, some of which, such as the most famous of her voluntary hospitals, could bear comparison with any in the world. But they were unevenly distributed over the country, and were not equally accessible to all members of the community. London had far more than its fair share of medical specialists, for example. Now the hospitals and the specialist services are organised on a regional basis, and the services in each region are being developed to the best advantage of the area as a whole. General practitioners, too, are more fairly distributed. Although the total number of persons on doctors' lists in England and Wales has increased by some 2,500,000 to nearly 45 millions, only 18 per cent. are now living in areas designated as under-doctored, compared with 60 per cent. in 1948. Over the same period, the average number of patients on a general practitioners' list has fallen from 2500 to 2250.

### **Hospital Service**

The most costly section of the scheme is the hospital service. Here the number of beds available has grown and the beds are being used more effectively. In England and Wales the number of beds was increased by 6 per cent. between 1949 and 1957, but the number of in-patients treated rose by nearly 30 per cent. New drugs and new methods of treatment have shortened the average stay in hospital, and better organisation has reduced the time when the bed is not in use.

Out-patient departments have developed considerably in the last 10 years, and are growing in importance, so that the hospital is now primarily a centre for diagnosis and treatment, with beds for those who can best be treated as in-patients.

The expanded programme of new hospital building and expenditure on capital improvements in existing hospitals begun in 1956 is going forward.

### **Mental Health**

The early years of the Health Service have coincided with the spread of a new attitude towards mental illness amongst both the medical profession and the public. Mental illness is less regarded as something quite apart from physical illness, and it is less readily assumed to be incurable. The growth of this attitude has been helped by the National Health Service, which brought mental and physical health together for the first time in one comprehensive service. More patients are coming forward for treatment voluntarily, and at an early stage. About three-quarters of all admissions to mental hospitals are now of voluntary patients.

### **Dental Service**

Before the National Health Service existed, many people were unable to afford dentures when they needed them, and perhaps more significant, many needed them for lack of conservative treatment, which is now free to all under 21 and not only to school children (as well as to expectant mothers and mothers of infants under one year). Consequently nearly three million dentures were supplied in the service in England and Wales in its first full year, 1949. With the slackening of this

initial demand for dentures, helped by the imposition in 1951 of a part-cost charge sufficient to check any tendency to unnecessary requests for dentures, more attention could be paid to the "priority classes," expectant mothers and young people. In 1958 the number of expectant mothers and young people under 21 receiving a full course of treatment is four times as great as in 1949.

### **Local Health Service**

The National Health Service has enabled the local health authorities greatly to expand and improve their health services. Maternity and child welfare services were already well developed by 1948, but local authorities are now able to give far more help to invalids and old people living in their own homes. The Home Help Service in its present form was introduced with the National Health Service, and by 1957 over a quarter of a million households a year were being helped, of which total over 70 per cent. contained elderly or chronic sick persons. The number of visits paid annually by home nurses had grown to over 25 million by 1957, and over half of these were made to elderly patients.

### **The Balance-Sheet**

The National Health Service absorbs about 3½ per cent. of the total annual resources of the United Kingdom. The greater part of the cost is met from general taxation and a small part from local rates. The National Health Service contribution paid by every insured person with his or her weekly national insurance contribution (service is available to all whether insured or not), meets part of the cost, and a small part is covered by charges (mostly on a part-cost basis) that are made to users of some parts of the service. It is estimated that in the present year, 1958-59, current expenditure from public funds on the service in the United Kingdom will amount to £654 million sterling, and capital expenditure to £29 million sterling. The money cost of the service has increased every year except one (1952-53), although the real cost, after allowing for rising prices, has not increased greatly. The Guillebaud Committee of Enquiry which investigated the service in 1955 found no widespread extravagance. All the problems of transforming a complicated network of services into a comprehensive whole are not yet completely solved, but the system works, and several aspects of the service are always under scrutiny by official committees and unofficial bodies with a view to increasing efficiency. There are, for example, problems to be solved in securing the maximum co-operation between the different branches of the service, and, especially in the hospital service, of holding the balance between the need for uniform standards and the need to preserve local initiative and flexibility to meet local needs.

### **Buildings and Staff**

There are deficiencies which can only be solved gradually as more resources become available—out-of-date buildings, shortage of staff, as in certain specialised branches of nursing, and in providing for elderly patients.

To help to limit expenses without reducing the services offered, charges for various parts of the service were introduced in 1951-52. For the most part, these serve a useful purpose in checking abuse, but the Guillebaud Committee recommended that as soon as resources permitted charges for dental treatment and spectacles should be modified.

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The Australian JOURNAL OF PHARMACY, August 30, 1958 11

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### Research Continues

Various factors have contributed to a steady improvement in Britain's vital statistics, which has continued over the past ten years, but the National Health Service can claim at least part of the credit for their encouraging trend, and research within the service is constantly pursuing causes of cancer and other killing diseases still beyond the bounds of medical knowledge. In 1947 more than 36,000 people in the United Kingdom died from the common infectious diseases of tuberculosis, diphtheria, whooping cough, measles, rheumatic fever and gastro-enteritis; more than 1000 mothers died through childbirth, nearly 45,000 babies died before they were a year old. After ten years the death-roll from these six diseases was reduced to 7000, maternal deaths fell by two-thirds, and infant deaths by more than half. In England and Wales, infant deaths in 1957 reached the lowest rate ever recorded of 23 per 1000 live births.

On the credit side of the balance, also, although not directly reflected in vital statistics, are a decrease in invalidity following from neglected ailments and a reduction in anxiety on account of the cost of illness, which are results of a universally available and efficient health service.

### HOME SAFETY ACTIVITIES

Increasing numbers of State and local health departments are recognising that the prevention of accidents in the home is a matter for their concern.

This conclusion, reported by the National Health Council in their 1956 Home Safety Inventory, is based on a comparison with a survey undertaken by the American Public Health Association in 1955.

Only a very small percentage of the health departments consider their present programmes adequate, but the wide variety of activities reported by different departments reveal a potential for extensive developments in the future.

Activities mentioned, in order of descending frequency, include assisting other groups in planning their programmes, in-service training for their staffs, showing films, releasing news to the press, meetings, co-ordinating various programmes within an area, exhibits, radio and television programmes, workshops, institutes and conferences, demonstrations, research inspections for hazards, surveys for injuries, and courses for baby sitters.

A most encouraging trend, the National Health Council said, is the extent to which local health departments are reaching directly into homes. Furthermore, almost all activities are directed mainly to the family as a whole. Two-thirds of all health units reporting indicated that their activities were part of established long-range programmes.

A healthy trend is evident, the council affirmed, in the degree to which health units are co-operating with other organisations, and in the emergence of the Health Department as a resource in home safety.

The Home Safety Inventory revealed several weaknesses in Health Department programmes. Few were found to be directed specifically to pre-school children and the aged, in whom accidents take their largest toll. Perhaps the greatest defect, the council said, is that most programmes were determined by the programme directors' felt needs or by a prescribed pattern rather than by the actual needs in the community.

The council's report concludes that "the need for positive leadership in home safety on the community and State level is a definite 'must.'" Because of the Health Departments' awareness of the problem, the skill of their technical personnel, and their resources as an official agency, they are in a unique position to provide leadership and direction in preventing accidents in the home."

—"Public Health Reports," U.S. Department of Health, Education and Welfare.

## THE PHARMACEUTICAL SOCIETY OF NEW ZEALAND

Comments of a Correspondent Published in "The New Zealand Pharmaceutical Journal"

### Reader's Comment on N.Z. Pharmaceutical Society

Sir,—It is pleasing to see that the general meeting of the Pharmaceutical Society of New Zealand has again declared itself in favour of "universal franchise." The purpose of this letter is to point out that even if that measure is implemented, as it certainly should be, the anomaly of the present position is not entirely removed.

I do not think that any of those of us who are at present, pharmaceutically, shut out in the wilderness, would wish to deny the right of the retail pharmacists to protect their own interests in every reasonable way, and for that purpose to form themselves into one or more exclusive bodies if they think fit. I for one would not even wish to deny them the right to elect most of the members of the Pharmacy Board if they so desire, although what advantage that is except on the assumption that the Board can be induced to do less than its duty in the public interest I have never been able to see.

There is, however, a clear need for a different kind of pharmaceutical body as well, the type of body that in all other British countries is called the Pharmaceutical Society. Such a body concerns itself especially with the scientific and educational matters connected with Pharmacy. Since those pharmaceutical operations that call for most scientific knowledge tend nowadays to be carried out in factories rather than in dispensaries, it follows that some of the members of a real Pharmaceutical Society will be engaged on the manufacturing side, while for the same and other reasons most of those who have higher qualifications in pharmaceutical science are not found in the retail side of the industry. At the same time, those members of the retail side who are most interested in educational and scientific matters take an active part in the pharmaceutical societies and find that they have much to gain from their association with those in other branches. Normally a pharmaceutical society has its own council, distinct from the Pharmacy Board, which is a body whose function is to administer the Pharmacy Acts.

As matters stand in New Zealand, not only could a real Pharmaceutical Society not be formed under the only appropriate title, but many of those who could be expected to take active part in it are, in effect, debarred from belonging to the Pharmaceutical Society at all. I say that they are, in effect, debarred because no self-respecting person can be expected to belong to a body in which he has no voting power. In my own case a little piquancy was given to the situation by the fact that at about the same time as I was being elected an honorary member of the Pharmaceutical Societies overseas I was virtually tipped out of the Pharmaceutical Society of my own country!

Under the present New Zealand arrangement the name of Pharmaceutical Society is given to the whole body of registered pharmacists, and the Pharmacy Board, in addition to its own proper and responsible duties, is apparently expected to act as the Council of the Pharmaceutical Society as well. This arrangement may have seemed appropriate when the original Pharmacy Act was passed, but it is not in the best interests of Pharmacy in the sense in which the title is used in Great Britain and Australia, and could have been and still can be a tower of strength to New Zealand Pharmacy. If we had had it, it is safe to say that we should not have fallen so far behind in our educational standards as we had been allowed to do.

As a matter of plain justice and simple courtesy, the right to a full voice in pharmaceutical affairs should be restored to all registered pharmacists, but I suggest that after that some consideration should be given to such alteration to the Pharmacy Act as would make it possible for a Pharmaceutical Society to function in New Zealand in the same kind of way as it does in Great Britain and Australia.—I am, etc.,

ROY GARDNER.

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# Genetics and Natural Selection

## *How British Scientists are Extending Knowledge Based on the Works of Darwin and Wallace*

By Dr. E. B. Ford, University Reader in Genetics and Director of the  
Genetics Laboratory, the Department of Zoology, University Museum, Oxford

The theory of natural selection was given to the world by Charles Darwin and Alfred Russel Wallace 100 years ago. Their idea was simple and brilliant, and it can be summarised briefly in the following terms: All organisms produce on the average more, often immensely more, young than can ever reach maturity. Now the elimination to which they are all subject cannot take place at random. It must be selective, because the members of a species are not identical.

Owing to the variation to which they are subject, some will have a better chance of survival, and leave more offspring, than others. Thus their superior qualities, insofar as these are inherited, will be spread through the population, causing it to change or evolve. That is to say, a process of "natural selection" is responsible for evolution in a wild state just as artificial selection, practised consciously or unconsciously in farming and horticulture, has evolved the special characteristics of domestic animals and cultivated plants.

### Subject to "Mutations"

Heredity therefore is essential to the view that natural selection controls evolution; and of the nature of heredity Darwin and Wallace were wholly ignorant. Only when Darwin was dead and Wallace very old were some of its fundamental features revealed by the rediscovery in 1900 of the work of Mendel. Thus it seems appropriate now, when the centenary of their great discovery is being celebrated, to consider the contribution which genetics, the study of heredity and variation, is making to evolution theory.

The hereditary material is transmitted equally by the two parents to their offspring in the form of units known as genes. These are large molecules, and it is obvious enough that they cannot be completely stable in the chemist's sense. On the contrary, they are subject to changes or "mutations," which being dependent upon physico-chemical processes take place at random relative to the needs of the organism. Therefore they are generally disadvantageous, for random changes in a highly complex structure, such as the body of even the simplest plants and animals, will generally interfere with its harmonious working.

Now, Sir Ronald Fisher, Arthur Balfour Professor of Genetics at the University of Cambridge from 1943 to 1957, has demonstrated that genetic variations, even if only very slightly unfavourable, cannot spread through a population in face of the adverse selection to which they are exposed. He also showed that a new gene, arising by mutation, can very rarely be without significance for the survival of the organism, and that, even when it is so, it will spread through any but the smallest of communities at an exceedingly slow speed: so slowly, indeed, that its neutrality will be upset by other evolutionary adjustments at an early stage.

Thus if an inherited quality is at all widespread it must possess some advantage favoured by natural selection. Therefore it is that process, not mutation, which controls evolution.

### Reasons for Variations

Variation is normally in part environmental and in part genetic, and to about an equal extent. On the genetic side the particular forms of a gene that are received from the two parents determine the nature of the quality it controls.

The majority of genes, of which there are many thousands in each individual, are strung together as microscopic structures known as chromosomes. These are present in nearly all the body cells of animals and plants. Their number is normally constant in each species and is limited to a few dozen. In Man there are 46. Though they differ from one another in their hereditary content, two of each type are present, the members of which are derived respectively from the two parents. Thus they exist in pairs, and these must join up and interchange some of their genes prior to the formation of the cells set aside for reproduction, otherwise that process fails and the individual is sterile.

### Responsible for Evolutionary Changes

However, the number of chromosomes, each of which, of course, contains many genes, does occasionally vary; for instance, it can be doubled. We now know that this has been responsible for important evolutionary changes, especially in plants whose powers of self-fertilisation and vegetative reproduction help them to overcome the initial stages of the process. For the new forms are sterile with the old because odd numbers of chromosomes are present in a hybrid between them, so that they can no longer unite in pairs at the critical period when it is necessary for them to do so. However, if a group of individuals with a double chromosome value does become established, it can evolve independently to meet local conditions, because infertile with the rest of the species. Thus Professor C. D. Darlington, Professor of Botany at the University of Oxford, has shown that many plants are of this type at the edge of their range, so ensuring rapid adjustment to the unfavourable environment they find there.

Chromosome doubling has also made it possible to take the step most fiercely argued when Darwin and Wallace first put forward their views. It is the one still popularly regarded as the most telling in the whole field of evolution: the creation of new species both in the laboratory and in nature. This has already been observed and achieved experimentally in plants.

When two distinct species are crossed, the offspring, if produced at all, are partly or wholly sterile. However, they not only combine in varying degrees the different qualities of the parental types but they possess quite new ones found in neither of them. This surprising fact depends upon one of the fundamental features of heredity, that the genes have multiple effects and interact with one another to produce them.

### Unpredictable Consequences Possible

This indeed is natural, for every structural difference in the working of the body must be the result of a series of reactions taking place during development and involving chemical differences which are bound to have wide effects and to influence one another. Thus, should

the genes of two distinct species be brought together, they may interact with unpredictable consequences.

The offspring of a species-cross are normally sterile because the chromosomes have no partners, one of each type being derived respectively from each parent. If, however, their number is doubled in a hybrid, each chromosome is represented twice, their association into pairs can therefore take place and fertility is restored. The result is the production of an individual fertile with its own form but sterile with others, including its parents (which have a different chromosome-number), and possessing qualities not found in its relations; that is to say, a new species.

But we no longer have to wait for the rare chance of chromosome doubling whether in a hybrid or not. Certain drugs, colchicine and mustard gas, for instance, cause this to occur commonly, and so provide us with a new genetic weapon.

#### Answer to Many Problems

The fact that the genes, though remaining permanently distinct, even when brought together into the same body, interact to produce their effects, has supplied the answer to numerous genetic and evolutionary problems.

At the present time, Dr. C. A. Clarke, formerly Senior Physician to the Royal Liverpool United Hospitals, and Dr. P. M. Sheppard, Lecturer in Genetics at the University of Liverpool, are investigating the genetics of certain African "mimetic" butterflies. These are species which derive protection by copying others, known as their "models," that are protected because they have an unpleasant taste. This they advertise by conspicuous coloration easily learnt by the birds that would otherwise prey upon them. Such "warning" colours would, however, lose their effect and become only a source of danger if the mimics, lacking in real protection, were relatively too numerous. These therefore generally spread their commitments by copying with remarkable accuracy two or more distinct species. The different mimetic forms are then controlled by a pair or more of genes. These must have arisen suddenly by mutation. But it is believed this does not mean that the detailed resemblances which they produce did so, too.

On the contrary, it is held that their appearance has been adjusted by selection operating upon others which influence the expression of a pair that switch one type over to another. This view, though repeatedly denied, has recently been fully confirmed, for Clarke and Sheppard have crossed mimetic and non-mimetic races of the same butterfly. They have shown that the precise resemblances to the models can then be broken down though the imperfect form which result are nevertheless determined by the same genes which still control them.

#### Striking Example

We have in England a wonderful instance recently disclosed in which the effects of a gene have been adjusted by selection. The most striking example of evolution ever actually witnessed is provided by the industrial melanism of moths. More than 60 species of these insects have, during the last 100 years, become very dark or black in the manufacturing areas of Britain and other countries, where some of the normal pale forms are now reduced to about 5 per cent. The difference is nearly always controlled by a single pair of genes. Only those species are effected which rest fully exposed during the day, deriving protection from their resemblance to pale bark or lichen in the normal countryside, but to the blackened tree-trunks in smoke-begrimed districts. Their principal enemies are certain birds—robins, hedge sparrows, and others—which Dr. H. B. D. Kettlewell, of the Department of Zoology and Comparative Anatomy at the University Museum, Oxford, has shown search for and capture in great numbers any that are conspicuous, because they fail to match their background when at rest. This fact, denied at first by moth collectors and bird watchers, who had

failed to study the matter scientifically, has now been fully established as the result of large-scale experiments conducted principally upon the Peppered Moth.

#### Natural Selection at Work

Here we see the actual working of natural selection, and it has had two effects. First, it has spread the black form of that species until, from a rare abnormality, it has become predominant in industrial districts and in those exposed to pollution by drifting smoke. Secondly, it has caused the black specimens to evolve. A century ago they were speckled with white dots, but these dots have now been eliminated; that is to say, the form has been improved by the better survival of the more extreme specimens and the inheritance of the variation involved, though within the switch-control of a single gene.

Precisely this form of interaction is concerned in the evolution of dominance, which is of far-reaching importance. Some genes are "dominant"; they exercise their effect, that is to say, whether received in single or double dose (from one or both parents). Others are recessive, and must be present in duplicate (and received from both parents) in order to do so.

Sir Ronald Fisher showed that advantageous genes tend to become dominant because selection favours those hereditary constitutions, or sets of genes, which magnify their effects, while disadvantageous ones, for the converse reason, become recessive—a view proved by laboratory experiments about the beginning of World War II.

#### Polymorphism

The instances just mentioned, the mimetic butterflies and industrial melanism, are examples of a special type of variation of great importance, known as "polymorphism." One in which sharply distinct forms (in contrast with continuous variation, as seen, for instance, in human height) are maintained in the population by a balance of advantages and disadvantages.

Even the rarest of them is commoner than if maintained merely by mutation, because it is favoured by selection. But its concurrent drawbacks prevent it from ousting the others completely. This is due, at least in part, to the superiority of the hybrid condition for the genes in question: when, that is to say, the controlling pair is composed of unlike types compared with that in which its members are similar. From what has just been said, this situation is easily understood. The advantageous effects of a gene will become dominant and the disadvantageous ones recessive; thus the hybrid will possess the better qualities only, while those with a similar pair of genes will have some advantages and some drawbacks.

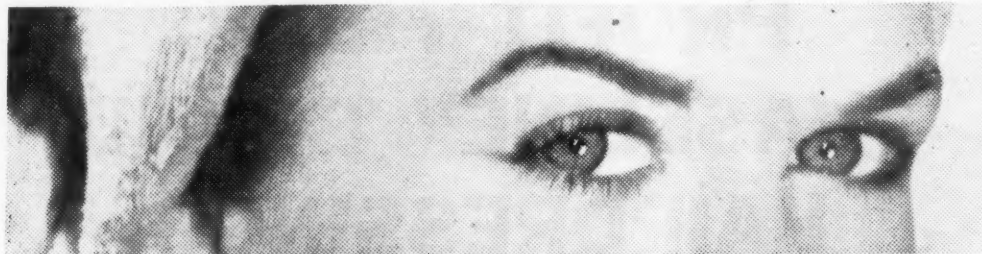
#### Calculating Fluctuations

That polymorphism must be maintained by selection can be illustrated by work which has for many years been carried out on an isolated colony of the Scarlet Tiger moth near Oxford, in which three forms are present: the normal, a relatively rare one and the hybrid between them. They are controlled by a single pair of genes. The proportions in which they occur, and the number of insects in the colony, has been estimated in each brood, of which there is one a year, by the method of marking release and recapture. Dots of cellulose paint are used for this purpose. These dry rapidly and are then permanent and waterproof.

Now Sir Ronald Fisher has shown that it is possible to calculate by how much a gene can fluctuate from one generation to another by mere chance if its frequency and the size of the population in which it occurs be known. In this instance, both these requirements are met, and it can be shown that the extent to which the varieties increase and decrease is too great to be due to random survival. The distinctions between them are apparently quite trivial, for they can be recognised only by a slight difference in pattern, yet the genes controlling them must be balanced by advantages and dis-

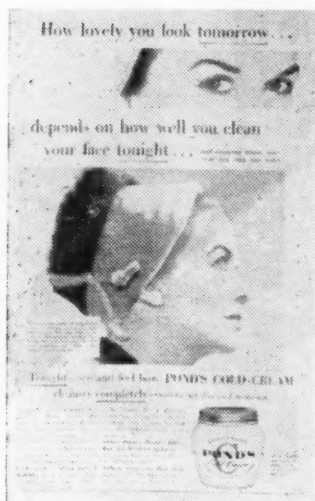


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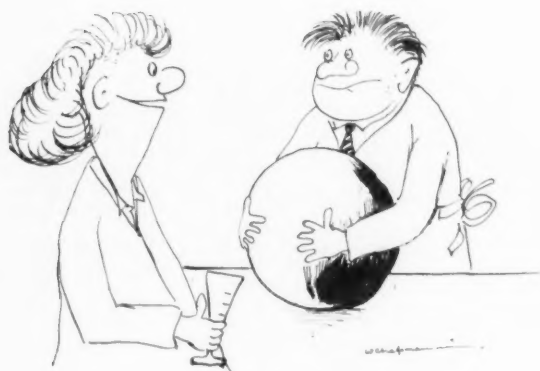
advantages changing in extent and direction from season to season. Thus the polymorphism which they evidently constitute is certainly controlled by natural selection.

#### Important Feature

The advantageous effect of a polymorphism often result from the interaction of two or more pairs of genes. These at first will not usually be closely associated, but there will of course be selection in favour of keeping them together. Thus any rearrangements of the hereditary material, which in fact occasionally occur, will be at an advantage when they bring such genes into the same chromosome, and subsequently so near together in it that they can effectively act as a single unit, or "super-gene," the members of which are seldom separated. They can then more or less permanently co-operate for the good of the organism. The formation of such super-genes is now known to be an important feature of polymorphism and of heredity in general.

Polymorphism, then, advertises a situation of importance wherever it is found: one in which powerful selective forces are present involving opposed advantages and disadvantages. It is indeed only now just being realised that selective differences of 30 or 40 per cent. or more are common in wild populations, though 25 years ago a one per cent. selective advantage was regarded as high. This, however, is a matter relating more to the study of evolution than to genetics in the strict sense. However, a new step was taken when it was shown that the blood groups and many other conditions in Man are examples of polymorphism, with all that this implies.

The blood groups must, accordingly, be of importance to the individual, quite apart from their significance in transfusion. Since they are controlled by genes which have multiple effects, favourable and unfavourable, by which they are balanced in each population, they are bound to influence the working of the body, and in such a way as to produce characteristic responses to changes taking place in it. It was therefore pointed out that individuals belonging to the different blood groups, and other human polymorphisms, cannot be equally susceptible to certain specific diseases, a prediction which is being verified at the present time. It is one which is opening up a new branch of medicine.—From U.K. Information Office.



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## "COBALT BULLETS" AND YOUNG LAMBS

C.S.I.R.O.'s "cobalt bullets" are now widely used to correct cobalt deficiency in sheep and to provide protection against "phalaris staggers."

Millions of SI-RO-CO "bullets" have been sold by the firms manufacturing them to C.S.I.R.O. specifications. They are providing a simple and effective means of administering cobalt supplements. The "bullets" lodge in the paunch of the sheep and provide sufficient cobalt to meet the animal's requirements.

Recent research in the C.S.I.R.O. Division of Biochemistry and General Nutrition has shown that "cobalt bullets" administered to young lambs can become ineffective because of the build up of a surface coating of calcium phosphate. This coating may prevent the "bullet" from providing sufficient cobalt to the sheep.

This coating is rare in adult sheep, but occurs more commonly in young lambs.

"Cobalt bullets" given to lambs about four weeks old may become coated fairly quickly—possibly in three or four weeks.

The coating may form on an appreciable proportion of "bullets" given to lambs even three or four months old.

It is inadvisable, therefore, to rely for more than a few weeks on "cobalt bullets" given to suckling lambs, either to offset cobalt deficiency or to protect them against "phalaris staggers."

#### Coating and Cobalt Deficiency in Lambs

As long as the ewe is receiving adequate cobalt by means of a "bullet" or otherwise, this limited effective life of the "bullet" in suckling lambs is relatively unimportant in relation to cobalt deficiency. The suckling lamb will then acquire sufficient Vitamin B12 in the milk of its dam to permit normal growth at least until the milk supply tapers off at about 10 to 12 weeks.

A "bullet" given to such suckling lambs will supply sufficient cobalt to ensure production and storage of Vitamin B12 up to the time of marketing as fat lambs, even if coating does eventually occur. This will allow the vigorous growth necessary for fat lamb production, and will prevent the falling off in growth rate between three to five months of age, which so often occurs with cobalt deficiency.

With lambs intended as replacement stock, it may be better to leave treatment with "bullets" until after weaning or, where earlier treatment of the lamb is necessary, to repeat treatment with a "bullet" some time after weaning.

#### Coating and "Phalaris Staggers" in Lambs

"Phalaris staggers," on the other hand, has been observed in suckling lambs irrespective of the cobalt status of their dams. The lambs must themselves be treated with cobalt if they are to graze potentially toxic phalaris pastures with safety.

Since "cobalt bullets" may not provide protection to suckling lambs against "phalaris staggers" for more than a few weeks, the alternative of providing cobalt supplements by weekly drenching throughout the potentially toxic period must be considered.

As the risk and incidence of "phalaris staggers" varies amongst properties, each owner must himself decide the method of use on his particular property. In many cases it would be unwise to rely on "bullets" for protection.

#### Age of Dosing Lambs

Dosing of very young lambs with "cobalt bullets" can, in untrained hands, endanger the life of the animal through possible mechanical damage to the pharynx. With care, "bullets" can be given safely by experienced operators to lambs four weeks old. However, under practical conditions when the age of the individuals in a flock is not known, it may be preferable not to dose lambs until the average age is eight weeks.

More detailed advice and information is available from field extension officers of State Departments of Agriculture.

# Improvised Draughtproof Room Shelters

By Alan Brooksbank

A principle of Civil Defence is that whatever happens something in mitigation can always be done to reduce the extent and the degree of the disaster by sensible people who have been taught the "know-how."

In America well-illustrated pamphlets showing shelters suitable for "beyond the blast range of nuclear explosions" have been broadcasted. One states:

"In any locality in the United States, fallout could require occupants to remain in shelters for two weeks or more. In many areas, radiation levels may permit leaving shelter for intermittent periods or permanently, after two or three days." (Technical Bulletin: "Family Shelters for Protection Against Radioactive Fallout," May, 1958.)

Alas! no such official pamphlets have been broadcasted in Australia, and, despite the perilous times (August, 1958), so little is being done in advance that the problem now is what can be done by a substantial number of people after an attack. Every casualty is a liability; every person saved is a potential helper.

One answer is to learn how to improvise a draught-proof room.

Any household room beyond the direct hit zone, but within blast range, which has broken windows and cracked walls can, nevertheless, be made draughtproof, if either the ceiling is intact or readily coverable. Such a room would give its occupants a worthwhile degree of protection against warfare chemicals, airborne biological "weapons" and radiation from fallout. The occupants would have to rely for the time being on the air they enclose in the room.

**Time Factor.**—Beyond the direct hit zone, about one hour will elapse after the explosion and the commencement of precipitation of dangerous fallout.

**Principle of the Draughtproof Room** . . . is to so obstruct the entry of "airborne weapons" that the majority of them will follow the line of least resistance in air currents and bypass the room in normal winds.

**How to Make a Damaged Room Draughtproof.**—Select a big room that has no chimney and, in the case of double-fronted homes, preferably on the side downwind at the time the room is being improvised. Broken windows can be speedily and temporarily covered over with wet blankets, preferably tacked on to the window frame; ventilators and cracks in walls can be sealed with strips of paper and flour and water paste; gaps between window frames, door frames and walls, and skirting boards and floor, can be filled by ramming in paper, or covered with paper strips. The gap under the door can be covered with towels or clothes and replaced after entry or exit.

**Gasproof Dugout Illustration.**—In World War I the so-called gasproof dugout proved its value in the trenches and in selected rooms in village houses. Occupants doing clerical work and signallers using the telephones did not have to wear respirators in "gas" attacks of some hours' duration by poisons in molecu-

lar and powder form. In dressing stations and headquarters, where traffic into and out of such rooms was necessary, the entrances had two sloping blankets provided with cross battens, which rested on sloping boards on each side of the doorway, which were covered with blanket material. The two sets of blankets enclosed what was called an "air lock," which had a shorter overall length at the top; one blanket had to be readjusted into position by traffic before the other was moved, and the slope and battens made readjustment simple.

**Biological Weapons.**—Some of the biological agents, regarded as most dangerous as warfare weapons, attach themselves to dust particles, water droplets-aerosols, which serve as carrier hosts and distribute them. Although viruses are so tiny that no material can be made fine enough to enable scientists to contain them in breeding glasses or jars to evolve antidote cultures, nevertheless, outside laboratories they attach themselves to hosts which are big enough to exclude. It is true that the densest material offers as little resistance to their passage as a wire-netting fence does to mosquitoes, subject to one qualification. On still evenings the mosquito selects its route of travel, but viruses have to go where their hosts take them. By offering a greater resistance to entry into the room, the hosts travel in air currents and bypass the improvised draughtproof room.

**Radiation from Fallout.**—Alpha particles, emitted in the disintegration of some isotopes using hosts for their transportation, have a range of about two inches both in the air and when they come to rest. Even if a proportion of them get stuck in the blanket or adhere to the paper used in sealing over cracks, they will not harm the people, food and liquid taken into the room.

**Beta particles** have an emission range of about six feet in the open. Even if a percentage of their hosts get stuck in the blanket or settle on the paper strips, only a percentage of their emissions would enter the room. A distance of a yard reduces their harmful power by over 50%. Occupants of rooms should keep well away from the blanket.

**Gamma rays** are highly penetrating and have a range of up to 2000 feet in the open. Neither blankets nor paper will offer any substantial resistance to the direct entry of emissions from hosts which settle down on the ground, vegetation, fences and nearby buildings in positions approximately opposite the windows and cracks, but the remaining part of the walls will offer worthwhile resistance to oblique entry. Take an illustration. Gamma rays from hosts travel in all directions like light from an electric globe. Street lights will brightly illuminate front rooms of houses and but feebly illuminate back rooms because of the obstruction of intervening walls; some light will come by reflection. Gamma rays can go around corners and do not travel in straight lines, like heat rays. Likewise lights from nearby neighbours' properties will brightly illuminate rooms in a direct line with them, but not rooms on the other side of the house.





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Gamma rays can, of course, penetrate brick walls aggregating a thickness of several feet, but in passing through each wall in succession a percentage of their power is lost, particularly if they travel obliquely.

The curtains and the paper will resist the entry of the hosts carrying the isotopes emitting gamma rays.

For the above reasons persons inside a draughtproof room will be subjected to weaker dosages of any airborne weapon than those who remain outside.

**What to Do When Inside Air is Exhausted.**—After some hours' occupancy the temperature and humidity of a draughtproof room will be built up by bodily warmth and human breaths to an unbearable degree. When this happens, occupants should admit some outside air even though it be contaminated. They should admit the air from the side of the room which is then downwind. Some airborne hosts may eddy back, but their number will be fewer than those which would be carried in a direct current of air. With gasproof dugouts and rooms, provided with the air lock and two blankets, surprisingly little gas was carried in by traffic. When the temperature and humidity are substantially reduced, the aperture should again be closed. The process would have to be repeated in small rooms.

**Low Altitude Behaviour of Poisonous Particles.**—There is no mystery about the low altitude behaviour of poisonous particles, the by-products of explosions. In 1917-18 the Germans fired some 14 million chemical high-explosive shells—enough to make indelible impressions on the minds of young "anti-gas N.C.O.'s," as we were then styled. Arsenical solids were inclosed in Blue Cross H.E. shells, and the heat and power of the explosion vapourised the solid and dispersed it initially as a gas. On encountering the cooler air, the dispersed vapour resolidified into small particles, which were visible for a few seconds whilst they were carried mostly downwind as "particulate clouds." As solid particles, the arsenic lost much of the penetrating power which gases have by diffusion. Blankets were more resistant to them than to molecules of gases. Depending on the strength of the wind, nature of the terrain and atmospheric conditions, some particles would travel half a mile or so before coming to earth. If the ground were wet, they remained where they fell, unless picked up on soldiers' boots. On dry ground they could be re-elevated by wind and traffic, like ordinary dust. Whilst individual trees and woods gave some initial protection, in course of time they collected stronger concentrations by intercepting and holding re-elevated particles which had fallen on bare ground nearby.

The comparison between them and radioactive particles, which also may be distributed initially as vapours, is that when they fell to the ground they were harmless, unless revapourised by grass fires. Whereas radioactive particles at all levels will emit radiations irrespective of weather conditions, and both will build up higher concentrations in trees and woods. The arsenical particles had to enter the body through the nose or mouth to cause injury; radioactive particles can also injure at a distance through the skin.

The arsenical solids were not successful in 1917-18, and it can be averred that persons fighting fires, after a nuclear attack, are not likely to be endangered by fallout—the hot updraughts of air will prevent the particles falling on or near them.

**Decay of Effective Radiation.**—In considering shelter from fallout, two separate periods of time have to be differentiated: (1) The period commencing about an hour after the explosion and then measured in hours and days after the explosion of a nuclear missile; and (2) the subsequent period measured in weeks, months and years.

Some 30 or more different radioactive isotopes may be produced by nuclear explosions, many of them have half-lives measured in seconds, minutes and hours. In that period they are emitting radiations with such great rapidity and intensity that persons wholly exposed outside may receive a fatal dosage in a matter of minutes, from which they will die within six weeks. Protection, which will substantially reduce the dosage, must be obtained within an hour of the explosion.

In the second period, the isotopes with short half-lives will have decayed down into stable (non-radioactive) elements lower in the atomic scale. The danger comes from the isotopes with longer half-lives, which are necessarily emitting radiations at a much slower rate. It has been found that the degree of contamination in a given volume of air will be as little as one per cent. of what it was an hour after the explosion. The one per cent. is still dangerous, when measured in hours instead of minutes; protection is, therefore, not so urgent as to preclude evacuation by motor vehicle. This is the kind of danger from fallout that may descend in any part of any municipality at any time in the next ten years from any combination of the nuclear tests which already exceed one hundred. The Americans express the idea—"In any locality in the United States, fallout could require occupants to remain in shelters for two weeks or more." America is already receiving a higher dosage from the fission tests conducted by themselves, Britain and Russia in the Northern Hemisphere, which tends to travel within latitudinal bands, and Australia gets its share from the global distribution of the fusion tests. Apart from this, America is more likely to be the recipient of more missiles than Australia, and the period of 14 days seems overlong, unless there are daily attacks.

**Evaluation.**—The improvised draughtproof room should not be regarded as a substitute for proper shelters prepared in peacetime when building materials are plentiful. It is no more than a purposive improvement on the adage—"any shelter is better than none." We have to show Australians that they will be better off remaining for many hours in their own improvised draughtproof shelters than they would be by following the cat's instinct of "run away first and look afterwards." If they do that, even by fast motor car, they are liable to be caught in traffic jams in areas being invisibly deluged with radiation of great intensity from isotopes with short half-lives, against which their cars will offer less protection than the improvised shelters in the remnants of their homes.

We must plan civil defence on the basis that nuclear missiles will be exploded on the same day on many targets, each one of which will contaminate areas measured in units of thousands of square miles of countryside. One nuclear explosion contaminated 7000 square miles.

We have to remember that the distribution and precipitation of fallout are substantially governed by the strength, depth and directions of wind streams in the higher altitudes. As there is no correlation between wind directions in the lower and upper altitudes, ground winds may be blowing in the opposite directions from the upper streams; evacuees may drive into stronger concentrations.

On the day of the attacks it would probably happen that more persons sheltering within improvised draughtproof rooms located, say, within 10-20 miles of each explosion would receive much less radiation than others who were in motor cars 100-200 miles away from ground zero of any explosion on that day.

Sensible people will "stay put" in their own homes until safer routes and areas can be ascertained by actual measurements with radia instruments.

## THE INTERNATIONAL TRADE FAIR AT OSAKA, JAPAN

Some Observations by W. L. Hilyard, Ph.C.

The main object of my visit to Japan was to see the Japanese International Trade Fair at Osaka, which was the fifth year since the inauguration of the series and has grown in scale and quality each year. This year's show was one and a half times as big as the previous Osaka Fair in its budget and total area.

Of the twenty-four countries participating, the Soviet Union, Rumania, Cambodia, Laos and some others exhibited their products for the first time.

A total of more than 1,200,000 persons visited the Fair—twice as many as had been expected. More than 4000 foreign buyers from 50-odd countries were among the visitors, with the result that more than £9 million worth of goods were contracted for, which was four times as much as the amount contracted for in the previous Osaka Fair, and it is estimated that more than £50 million worth of goods will be sold eventually through the Osaka Fair if repeated orders and other sales are taken into consideration.

### U.S.-Soviet Competition

The most pronounced feature was the competition between the United States and Soviet Union. The Soviet pavilion, which attracted visitors for its display of models of Sputnik No. 1 and No. 2, also exhibited various equipment for peaceful utilisation of atomic power, and various other articles showing the industrial level of the Soviet Union.

The American pavilion, on the other hand, succeeded in impressing the Japanese public by displaying goods that will be useful in the daily lives of the people under the slogan of "industrial versatility and benefits for all."

### Bohemian Glass

Bohemian glass products exhibited by Czechoslovakia aroused keen interest, and it was reported that all glass products displayed by that country were purchased by a Japanese department store.

It was indeed a disappointment to find that from a pharmacist's point of view the Fair offered nothing that was not already known. Such countries as U.S.A. and Russia, from which I had expected so much, had no chemical display whatsoever, and this may be said for many other exhibitors, including the host, Japan.

West Germany did have a token display of well-known ethicals, and some countries were keen to show basic materials used in chemical manufacture, but these had no pharmaceutical interest.

### A New Antibiotic

It was during the period of the Fair that a group of Japanese scientists made their official reports on the efficiency of a new Japanese-discovered antibiotic named "Kanamycin," at a special medical conference, which was sponsored by the Japan Medical Society and its United States counterpart.

The Japanese scientists included the discoverer of the new drug, Dr. Hamao Umezawa, chief antibiotic researcher of the National Institute of Health, and Dr. Tokujiri Ichikawa, of Tokyo University.

The reports said "Kanamycin" developed from a kind of germ found in soil in Nagano Prefecture, Central Japan.

Three years ago the drug showed splendid destructive powers in combating tuberculosis bacteria, and they claim it was also found to kill off a wide variety of other germs, including that of pneumonia, colitis and loco.

The scientists said a Government-subsidised tuberculosis research team applied "Kanamycin" in 79 tuberculosis cases from the end of 1957 to April, 1958, and obtained "wonderful" effects.

In 36 of the cases 81 per cent. of the patients showed improvement in three to four months, as compared with 67 per cent. attainable by Streptomycin.

The scientists said X-ray results showed that in 72 per cent. of the cases there was disappearance or diminishing of lung cavities. They also claimed that patients given "Kanamycin" gained weight and showed faster improvement in blood condition.

Only a few cases showed side effects, such as difficulty in hearing, dizziness and skin eruption.

Dr. Ichikawa said his team confirmed that "Kanamycin" could cure 95 per cent. of all acute cases of gonorrhoea in three to 24 hours.

He said acute colitis was healed in 24 hours, acute cystitis in a week, and non-respiratory tuberculosis was improved as quickly as with the use of Streptomycin.

During the concluding stages of the Fair I spoke with Japanese businessmen and top officials of the Fair, and suggested that the next exhibition should include medical and pharmaceutical displays because of their great interest. They admitted and deplored the lack of medical exhibits, and said that consideration along these lines would be given when the organisation of the next International Trade Fair takes place.

## DOCTORS AND PHARMACISTS

### The Interdependence of the Two Professions

"The physician depends on pharmacists and pharmaceutical manufacturers to produce useful and dependable drugs, and the manufacturers and practising pharmacists depend on physicians to prescribe and use drugs whenever a therapeutic advantage may be anticipated." Implicit in these two statements was a surprising variety of topics for discussion, says Dr. E. L. Severinghaus in an article in the March issue of the "World Medical Journal." The picture of the pharmacist had been changing rapidly in recent decades.

Now, the retail druggist was becoming largely a merchant for specialties, such as elegant tablets, capsules, syrups, elixirs or ampoules all ready for use as purchased. His functions had become increasingly those of a retail merchant who affixed a label to a product prefabricated in wholesale quantities. He faced new problems as a result of the great number of new medications which were being produced by the industrial development of drugs.

Often, there were competing brands of the same active substance. Which should he sell? One doctor might prefer one source, the next doctor another. Practically most pharmacists found it important to have competing products available. Even more often, there were different drugs making rival claims for use in the same field. Theoretically, the doctor should make the choice.

Often, he turned to the pharmacist for advice about differences and advantages involved in such choices. Both the doctor and the pharmacist needed to make efforts to keep abreast of the new facts in therapy.

In such a rapidly advancing field as drug therapy the problem of credibility of claims had to be faced. The inventor or producer might try to convince the pharmacist and physician by scientific evidence or by the endorsement secured from men with names of high repute.

The appeal for attention might come in journal articles, or in advertising in the same journal. The technical refinements of promotional approach by mailing pieces or by personal visits from company representatives occurred in a great variety.

Consequently, it was important that pharmacists and physicians used all their intelligence and trained scientific judgment in deciding on the validity of the claims for efficacy and safety of new or competing medications. At that point, the practising pharmacist could often be the valuable therapeutic consultant to the practising physician.—"The Pharmaceutical Journal."



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# Denmark Preserves an Apothecary's Shop

By John Wakefield.

The ancient skill of preparing drugs and medicaments has not been forgotten in Denmark's remarkable "live" museum, "Den gamle By" (the Old Town), which stands in a pleasant park less than a mile from the busy centre of Aarhus, principal city of the province of Jutland.

Begun in 1914 as World War I broke out, the gracious Old Town is the fulfilment of the dream of Dr. Peter Holm, who devoted his life to saving historic houses that were threatened by decay, or condemned to demolition by the rapid development of modern towns.

When Holm, having dismantled and numbered every brick and beam, began moving his first rescued house—the ancient residence of the burgomasters of Aarhus—there was not a single building in the quiet valley that was to become the site of the Old Town. Now the town has fifty or more lovely old houses and shops from all parts of Denmark. They have been rebuilt along twisting, cobbled streets leading from the town square, and along the banks of the still stream that serves an ancient mill. It is difficult to believe the town has not stood undisturbed for centuries, so serenely does it blend with the gentle, wooded slopes and so strong is the impression of antiquity.

At the end of Vestergade, a steep cobbled street which leads down to a bridge by the mill, stands the half-timbered house of a seventeenth-century apothecary, brought there piece by piece from the town of Aalborg. Framed by the trees which overhang the quiet mill stream, this house, with its timber framing filled with intricate tile patterns and its floor beam brackets delicately carved, is one of the most beautiful in the Old Town. It has, too, a lovely doorway, carved with symmetrical figures, over which a lamp bearing the word "Apothek" hangs from a decorative wrought iron bracket.

But this is no mere beautiful architectural shell; for Peter Holm intended his museum of old buildings to provide a detailed record of the ancient skills of his country. The apothecary's house contains a valuable display of old equipment, instruments and apparatus,

collected over the years from pharmacies all over the country.

The greater part of the fixtures and fittings in the large dispensary, for instance, came from the shop of the Unicorn Pharmacy in Copenhagen. Careful restoration of this furniture has uncovered the original traditional decorations on the drawer faces. Valuable old jars and containers have been presented by shops in many Danish towns.

At the end of a passage leading from the dispensary is the laboratory, in which has been installed an old hearth for crucibles and retorts and a massive distillation apparatus. Another piece of apparatus in one corner was used exclusively for the preparation of chocolate.

On the floor above is housed a collection of particularly valuable and rare containers and jars, and a display of some of the more extraordinary medicaments that have happily passed out of use. The roomy cellars were used largely for storage. But they also contain two large and heavy presses, used for the extraction of essential oils.

It is interesting to note that, even in early times, it was not possible for all and sundry to set up as apothecaries in Denmark. To open a shop of this kind required the grant of a royal charter, a privilege normally reserved to only one person in each town. Nor, in Denmark, did the apothecary concern himself with the treatment of the sick. The right to do so was reserved to the doctors and, in earlier times, barbers, who were allowed to perform some minor surgery. The apothecary was concerned only with the preparation and sale of medicinal substances.

Apart from its obvious contribution to the beauty of this notably lovely place, the apothecary's house and its contents provide a valuable and permanent record of the history, methods and equipment of Denmark's early pharmacists.

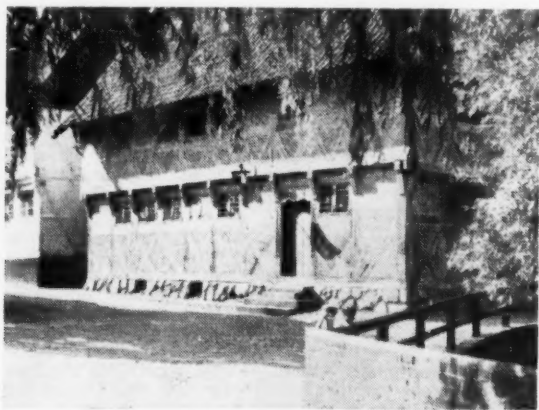
## DEATH FOLLOWING ANTICOAGULANT TREATMENT

A verdict "in accordance with medical evidence" was returned at a Northampton (England) inquest on June 4 on a 59-year-old woman.

The woman, who had been suffering from thrombosis, had been prescribed Dindevan by her doctor. A pathologist, giving evidence, said that it was not possible with this drug to forecast the precise response in any particular patient, but special laboratory tests were available to general practitioners, which could be done, and which would indicate the degree of effectiveness of treatment. A contributory factor to the cause of death was chronic anaemia.

The deceased's doctor gave evidence that after prescribing Dindevan tablets his patient's condition improved for a time, but later her condition deteriorated. He told the coroner that he had used the drug on previous occasions, and had never experienced any trouble from it. He added that he had not arranged any laboratory tests to be carried out in any of the cases.

At the conclusion of the inquiry the coroner said that Dindevan was comparatively new, and with all drugs there were certain risks.—"The Pharmaceutical Journal," June 21, 1958.



The 17th century building which houses the old apothecary's shop in the Old Town of Aarhus in Denmark.

# From Camphor Chips to Medicinal Preparations

By Frank A. King

Natural or laurel camphor is the wax-like substance which is distilled from the wood of the camphor laurel. Camphor was produced in Sumatra and Borneo, and in other parts of the East Indies, and in China, but, until the outbreak of the Hitler War, the crude camphor of commerce was produced almost exclusively in Japan and Formosa.

As the tree will grow in sheltering situations in temperate climates, its culture has been introduced with success in Italy and in California, and efforts have also been made to produce camphor on a commercial scale in Ceylon, Tanganyika and Florida.

The Japanese camphor tree is a monster evergreen of exceedingly symmetrical proportions, and somewhat like a lime tree. Its blossom is a white flower and it has a red berry.

Some of the trees in the districts of Kiushu, Shikoku, Ise and Suraga are more than forty feet in circumference and at least three hundred years old. Sixty years ago, in the village of Tosa, there were 13 trees, all in a group, about 100 years old, and it was estimated that these would produce over 40,000 lb. of crude camphor, then worth about 4000 silver dollars.

Camphor was originally distilled in Formosa by very rough and extremely wasteful methods until the Japanese became the masters of the island in 1895, and made the industry a Government monopoly. Very little care had been bestowed upon the cultivation of the valuable trees, but all this was altered, and the result was that, instead of having to wait until the tree was 70 to 80 years old before the camphor could be extracted, an equally good yield was obtained in about one-third of that time.

The roots contain a much larger proportion of camphor than the trees; but, before Japanese control, if the producer obtained 10 lb. of crude camphor out of 200 lb. of wood chips, this was considered to be a satisfactory yield.

Under the Japanese monopoly in Formosa, a system of regular replanting of trees was organised. The twigs were gathered under the supervision of Government agents, and the crude camphor had to be delivered to the factories at a fixed price. A Government factory was established at Taihoku, where the camphor was cleaned and pressed before going to the refiners. The product was pressed into blocks and then sold at a price regulated by the Government.

Originally, both the process of extracting the camphor and the materials and apparatus used in the process were of the roughest description. The chips were boiled, the vapour being led into some kind of tub with several partitions, surrounded by cold water. In the sides of these partitions were holes so arranged that when open these outlets enabled the vapour to fill the divisions in a circuitous manner, thus improving the grain of the camphor.

The raw material was taken to the market in rough wooden tubs, but before it was fit for shipment it had to be submitted to a test which required considerable experience. Each tub was very carefully sampled, and the samples were tested, sometimes by alcohol, sometimes by fire. Camphor is soluble readily in spirits of

wine, to a less extent in warmed fixed oils, and in water sufficiently to flavour it strongly, and it also floats on water. If not solid, adulterating matter was discovered by these tests, the condition of the camphor was examined. This was an extremely difficult task, because the crude camphor contained from 5 to 20 per cent. of water and oil, and it required experience and care to discover whether the camphor had been tampered with.

When this had been done, the camphor was weighed, cut, mixed, drained, and dried and packed for export. In some cases it was necessary to purchase a parcel of "dry" camphor to mix with the other, and this material was very expensive.

The following extract, from the entry dealing with camphor, included in the *"Dictionary of Trade, Commerce and Navigation,"* published in London, during 1844, gives some rather quaint information concerning this product, when all the camphor used in Europe only amounted to 440,000 lb. per year:

"Camphor . . . is brought to this country (England) in chests, drums and casks, and is in small, crumbly masses, something like coarsely-powdered white sugar. When refined, it is seen in large hollow lumps or cup-shaped cakes of 10 or 12 inches over. When pure, camphor has a strong, peculiar, penetrating scent and bitter, pungent taste. If left exposed to the air, it will wholly evaporate. If a small piece be placed on the surface of water in a large basin, and set fire to, it burns with a white flame, and will in that situation continue to turn round all the time it is burning, unless it touch the side of the vessel. Camphor pays a duty of 1/- the cwt. if in its raw state, and 10/- if refined; 770 cwt. were entered for home (English) consumption in 1841."

Crude camphor is a coarse powder, greyish in colour, which was exported from Chinese ports in wooden pots of about 150 lb., and from Japan in lead-lined wooden boxes containing about 1 picul (133 lb.). Much cruder camphor was refined in India.

In Borneo, camphor is obtained from a forest tree native to the Malay Peninsula and the Dutch East Indies. The camphor is secreted in the hollowed interstices of the tree. A single tree will yield about 10 lb. of this aromatic gum. In the past the supply of the Borneo camphor tree was recklessly squandered. The wood of this tree is in great demand for the construction of local wharves, jetties and for shipping, because its aromatic odour wards off the attacks of the destructive keepang worm.

Camphor-wood was imported into Britain and other countries from China, the East Indies and Brazil, in logs and planks of varying sizes. It is a coarse and soft wood, of a dirty greyish yellow colour, sometimes with broad iron-grey streaks. It is frequently spongy and is difficult to work, but was esteemed in the past because of its scent. In Borneo the wood of this tree yields camphor oil, which is used locally for illumination purposes, in the same way that the oil exuding from the vats in which the camphor chips are distilled is used as lamp-fuel in the East.

The Borneo variety of camphor is harder and less volatile than laurel camphor. The principal camphor





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buyers are England, France, Germany and the United States of America. Originally, camphor refining was centred in Venice, not only for Europe but for all parts of the world, but refining is now carried on in many places, including New York and Philadelphia.

Purified camphor is colourless and translucent, and when slowly condensed is crystallised. By passing steam through chips of camphor, the resulting distillate contains camphor, which is separated and resublimed, leaving the essential Oil of Camphor. This is defined as being of a pale yellow colour with a fragrant odour.

In 1844 the "Dictionary of Trade, Commerce and Navigation" said concerning Camphor Oil:

"Camphor Oil is a liquid which exudes from the stem of the Malay camphor tree, *Dryobalanops camphora*. It is not known in Europe, but is common in the East, being used much in the same way as our spirits of turpentine, and quite as cheap. It is as fragrant as camphor itself."

Camphor is used in medicine for its antiseptic and purifying properties. Its action is said to be sedative, anodyne, antispasmodic, diaphoretic and anthelmintic.

Internally, camphor is used for colds, chills and in diarrhoea resulting from colds. To ward off a cold, a mixture of camphor salicylate and sodium sulphate may be taken before meals. It is found of great value in all inflammatory affections, fevers and hysterical complaints. It acts beneficially in gout, rheumatic pains and neuralgia, and is highly valued in all irritations of the sexual organs. Large doses must be avoided, as these cause vomiting, palpitation and convulsions. Tablets of camphor and quinine are prepared to check catarrh and also as a tonic. Camphor and bromide are made in a preparation for the treatment of epileptic vertigo, hysteria, delirium tremens, whooping-cough and asthma.

The continued use of camphor internally is of great help in cases of arterio-sclerosis and for old persons with heart trouble.

Externally, camphor can be applied in all cases of inflammation, bruises, sprains, etc. Its stimulating effects make camphor a popular ingredient of many liniments. The ammoniated liniment is used in cases of chronic rheumatism and for sprains and similar conditions. It was frequently used externally in the treatment of chronic rheumatism, lumbago, neuralgia and in the chest complaints of children. The liquid preparations with various substances added, such as thymol and carbolic acid, are excellent local remedies for neuralgia, and may be dropped into a tooth for the relief of toothache.

Camphorated chalk is used as a dentifrice, and camphor ice rubbed into the skin is used for chapped hands or as a skin softener.

It is dangerous to place camphor or menthol ointment into the nostrils of an infant, as even a small quantity applied in this manner may cause immediate collapse.

Large doses of camphor may cause poisoning, for which the symptoms are giddiness and staggering and, for some persons, a feeling of exhilaration similar to the effect of alcohol. Usually, in severe cases, the pulse becomes much slower, and there may be severe pains in the stomach and head, with faintness, delirium, violent convulsions and sometimes even death from collapse. In such cases of camphor poisoning, an emetic is given, followed by strong tea or coffee. If the patient is unconscious, strong coffee may be injected per rectum. The patient has to be kept as warm as possible with hot-water bottles placed at feet and sides, and hot fomentations may have to be applied over the heart.

The Borneo variety of camphor is a constituent of the essential oils derived from many other plants, notably rosemary, serpentary and Spanish lavender oils. Similar camphors may be obtained from other

essential oils. Camphor is useful as a defence against insects.

Other camphors used in pharmacy and perfumery are bergamot camphor, distilled from the residue of oil of bergamot; cinaeube camphor, from the wormseed of Southern Russia; cubeb camphor, from oil of cubeb; orris camphor, from distilled orris root and patchouli camphor.

In industry, camphor is principally required for the production of celluloid. Synthetic or artificial camphor is prepared from oil of turpentine by the Nagel process in Germany and by other processes elsewhere. Germany is the principal producer, and exports considerable quantities, which are mainly used for technical purposes.

## INJURY BY STREPTOMYCIN

### Award of £3000 Damages

Negligence by a ward sister at the Royal Sussex County Hospital, Brighton (England), in failing to ensure that a course of streptomycin injections ended at the proper time, had caused the patient to suffer a grievous misfortune which had permanently affected her mode of life, said Mr. Justice Streatfeild in the High Court on May 1. He awarded the patient, Mrs. Florence Smith, 51, of Hillbrow road, Withdean, Brighton, damages of £3000 with costs against the Brighton and Lewes Hospital Management Committee.

She alleged that the course of streptomycin injections she had in May and June, 1954, for abscesses on the lower back were responsible for her injury. The hospital admitted that Mrs. Smith's present condition was due to the streptomycin, but denied any negligence.

His Lordship said that on May 13, 1954, Dr. C. M. Vickery, then house surgeon, quite properly prescribed a ten-day course of streptomycin for Mrs. Smith. It was a strong antibiotic and less was known about it in 1954 than today. The present case had to be judged through the spectacles of 1954 and not of 1958.

Dr. Vickery's prescription was for 0.5 gm. every eight hours for ten days. The last injection should have been at 10 p.m. on May 23; but unfortunately the course was continued for four more injections up to 6 a.m. on May 25.

His Lordship found that Dr. Vickery measured up to the standard of the ordinary reasonable and careful medical practitioner. He struck him as a careful and conscientious doctor, and he acquitted him of any negligence. There was no negligence by the nursing staff up to May 23, when the authorised course of injections should have ended. The two nurses who actually gave the extra injections had no reason to believe that they had not been prescribed by the doctor. When Dr. Vickery prescribed the course on May 13, it would have been simple enough for the ward sister (Sister Perkins) to draw a red line, a star or some other red danger signal in the diary or treatment sheet, indicating the time when the prescription was to end. Unfortunately she did not take that elementary precaution, with the result that the extra doses were given in all innocence. His Lordship thought it was the last injection of all which probably did the damage. "Sister Perkins is the one on whom the moral blame must lie fairly and squarely. She failed to take the elementary steps to prevent this course being overrun," he said. "It is an ugly and unfortunate feature that Sister Perkins, possibly through misplaced loyalty, admitted that she had tried to cover up for her staff, oblivious to the fact that it was she who made the mistake. She concealed the extra injections from the doctors."

In this respect the defendants were guilty of negligence, which was the cause of plaintiff's injury, and her claim succeeded. Although Mrs. Smith's misfortune was not the most grievous imaginable, it was a case for substantial compensation.—"The Pharmaceutical Journal," May 10, 1958.

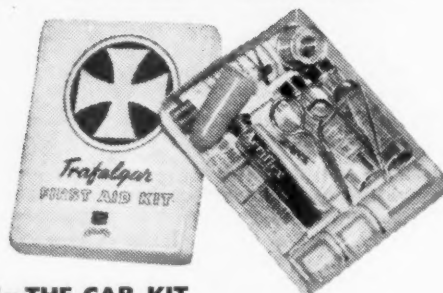
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# Problem Drinkers

By O. S. Williams, Ph.C.

Alcoholism is not a minor problem. There is little doubt that, as somebody has said, it is our greatest unsolved public health problem. It will remain unsolved while the present profound ignorance about the nature of the malady exists.

Like Tuberculosis 40 years ago, the malady of Alcoholism has been a taboo subject. It has a miasma of shame about it. No man likes to say of his wife—"she is an alcoholic." A wife does not say lightly, "my husband is an uncontrolled drinker."

## Is Alcoholism a Disease?

For 150 years the Alcoholic has been intuitively classified as a sick person. His very pattern of drinking departs so far from the normal that it contributes to the idea that the victim is suffering from an illness. It is certainly beyond the control of willpower. Alcoholics say that "willpower is soluble in alcohol."

A great deal of authoritative literature on the disease entity of alcoholism is available. The World Health Organisation classifies it as a "disease," and ranks it among the lethal diseases—heart disease, cancer and tuberculosis.

Enlightened medical opinion agrees with the disease concept. The Alcoholic is in the grip of a progressive and deadly malady. A large percentage of mental hospital patients are there because of alcoholism.

## Abnormal Drinking

No man, or woman, enjoys drinking in the devastating manner of a chronic Alcoholic. They do not choose to shatter and destroy the things they cherish most, and this is what an untreated Alcoholic ultimately succeeds in doing. The very abnormality of this kind of drinking contributes to the disease concept.

## Victim Is Hidden

The victim of alcoholism is frequently hidden and protected—friends, families and work associates front for him. They cover him, excuse him, hoping that by some miracle they will one day see the victim pull himself together and stop drinking. Seldom does this happen. The end result of the untreated Alcoholic is found in the back alleys of any city—in the gaols, in the mental asylums. Most people know, or know of, the case history of one of these unfortunate Alcoholics.

## Extent of the Malady

It is estimated that 44 per cent. of the people of Australia drink. From 7 to 9 per cent. of these people already are, or will within the course of a year, become Alcoholics or problem drinkers. Australia has some 300,000 problem drinkers. The larger majority of these have not, as yet, reached the final stage of the malady—they still have families, homes, positions. Since all strata of society are affected, many of them are in high positions, others among the leading professions—none-theless, if they remain untreated they are inevitably doomed by the progressive nature of the disease.

## Nature of the Disease

Why it is that this percentage of the people acquire this sensitivity to alcohol is not clearly understood, but it is certain that somewhere along the line of their social drinking they have acquired a physical allergy or sensitivity to alcohol. This allergy appears to be coupled with a strange mental obsession and a spiritual bankruptcy. It is a frightening disease that attacks man in his three component parts—his physical being, his mind and his spiritual being. When a person acquires this sensitivity to alcohol, his or her physical being some-

how no longer normally handles alcohol. It is at this point that they pass over "the thin red line" of normal or controlled drinking. From here on one drink for them becomes too many, and a hundred not enough. They are addicts. Mentally, they are in the grip of a heart-breaking obsession, which condemns them to keep on drinking against their will. Spiritually, they are bankrupt. Their sense of spiritual values becomes perverted. They are out of tune and out of harmony with life and with people. They become aware of it and filled with resentment. They are desperately unhappy and often desperately ill.

## Public Attitude

Unfortunately, the public attitude to the Alcoholic reflects not only a total lack of factual knowledge, but also the presence of a mass of misinformation and falsehoods, as a result the treatment meted out to these people is often hostile, contemptuous and punitive. It is without understanding, and sometimes without pity. They receive punishment only for their illness.

There are great numbers of people today to whom the terms Alcoholic and Alcoholism have come as something new. Some thought they knew about the drunk. He was that unfortunate person whom one saw in the less pretty parts of town, shuffling about in rags, bearded, unwashed, sleeping in doorways, putting out a filthy hand for a "bite"—you hoped he wouldn't touch you. If he was given any thought at all, he was probably dismissed as someone who had never had an opportunity to know a normal way of life or, if he had been born to better things—something had been lacking from his character that made him unable to take advantage of opportunities. It could have been said: "Nothing can be done, he wouldn't be worth salvaging anyway." Yet this derelict could have once been a doctor, a top executive, a brilliant journalist.

This wall of ignorance and prejudice is killing Alcoholics every day. These people can be treated and helped—and are worth treating.

There have been many thousands of spectacular recoveries from alcoholism. Once Alcoholics have recovered, they make better than average citizens. It is as if they had to make up for lost time—they put themselves into things with great energy, they work harder at it, frequently they are above average in intelligence, or may be possessed of special skills.

## What Can Be Done for the Alcoholic?

The problem of alcoholism is a vast one, costing millions of pounds annually, due to absenteeism, accidents, broken homes and institutional care, etc. With the exception of America, The Netherlands, Canada, Sweden and New Zealand, few countries have adequately faced up to the problem on a national scale.

First of all, the above-named countries have formed National Councils on Alcoholism, and have launched intensive programmes of public education on the malady and on just what can be done about it. They have established widespread Information Centres—where anyone, friends, relations, victims, the professions, can go for accurate and up-to-the-minute information. They have established diagnostic and treatment clinics for the specific treatment of alcoholism—on an in-patient and out-patient basis.

When the Alcoholic is in the acute stages he is desperately ill and needs emergency care. These foundations arrange for hospitalisation. Finally, they have set up convalescent homes and programmes of rehabilitation.

*It Pays to Display*



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A foundation following on identical lines with similar aims has been formed in Sydney. It is known as The Foundation For Research and Treatment of Alcoholism. It has offices on the 3rd Floor, 194 Pitt Street, Sydney.

The three clear-cut concepts of this Foundation are:

1. Alcoholism is a disease, and the Alcoholic is a sick person.
2. The Alcoholic can be treated, and is worth treating.
3. Alcoholism is a public health problem and therefore a public responsibility.

Bearing these in mind, this newly formed Foundation has planned a campaign which is hoped will stimulate the community conscience and bring resources into operation to attack the problem in a scientific and humane manner.

If this work interests you and you would like more information, write to The Foundation for Research and Treatment of Alcoholism, 3rd Floor, 194 Pitt street, Sydney, or 'phone MA 6153.

## PERSOMNIA

### Questions in British Parliament

Mr. J. Rankin (Lab., Govan) asked the Minister of Health on March 17 if he was aware of the growing feeling in medical circles that Persomnia should not be on free sale across the counter, but only on the prescription of a registered medical practitioner; what official reports he had received regarding it; and whether he would make a statement on the matter.

Mr. Walker-Smith replied: I am aware of the publicity that has been given to this preparation and of its alleged abuse in certain cases. I have no official reports upon it, but I am consulting with the Home Secretary on whether a further reference to the Poisons Board of bromvaletone and carbromal, the principal ingredients concerned, would be desirable in the light of such general information as is now available.

Sir Hugh Linstead (C., Putney): Would you not agree that this is one of a number of medicines of the same class which, if my memory serves me, got what I might call a clean bill of health some years ago from the Poisons Board. Is it not, therefore, desirable that we should not damn one particular drug without proper inquiry, particularly in relation to others which are precisely similar.

The Minister did not reply.

—Extract from "The Pharmaceutical Journal."

## HAZARDS

Pharmacy frequently fails to achieve the sensational, but, it will be agreed, sometimes provides a few high-lights for the everyday world.

Windsor Town Council has found the question of colour of a chemist's carboy to be one of wider scope than originally thought, and it has referred the matter to the Berkshire County Council.

It appears that, if the carboy were green or red, it might clash with such traffic lights as may be installed in the vicinity in the future.

That such fears are not without foundation will be realised when it is recalled that once a tramp steamer, skilfully navigated all the way from Callao, crossed what was reasonably thought to be the bar of the harbour, and found itself, to the surprise of the master, the look-out, and a pharmacist, firmly wedged in the doorway of a chemist's shop. Pharmacists must really show more consideration for traffic, whether on land or sea.

If the Windsor carboy were red, it does not take much imagination to picture road congestion reaching from the Royal borough as far as, say, Essex street, Strand.—From "The Chemist and Druggist," May 17, 1958, ("Topical Reflections").



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**with just one capsule 12-hourly**

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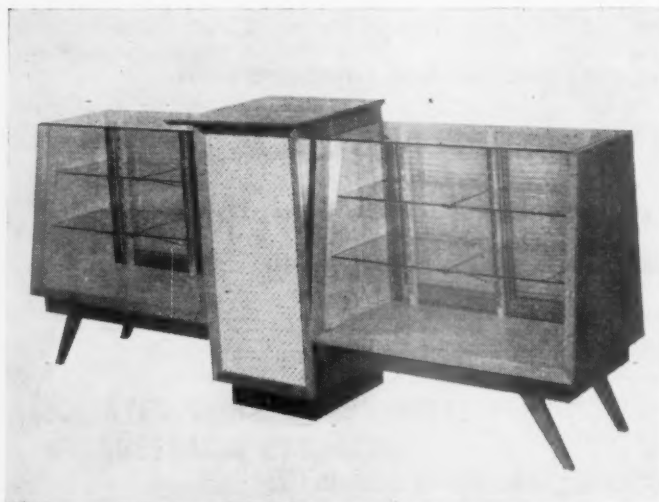
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60 years' experience.



# D.H.A. Moves to Bourke Street

Recently D.H.A. (Victoria) Pty. Ltd. (formerly Felton Grimwade & Duerdins Pty. Ltd.) moved to 504 Bourke Street, Melbourne, after being located in Flinders Lane for nearly a century.

The early history of the company is as follows:—

The firm started as a partnership in 1867 and twelve months after its establishment the partnership of Felton Grimwade & Co. moved to a warehouse on the south side of Flinders Lane. This was in 1868, and for the next 90 years the company occupied premises in Flinders Lane.

In 1918 a new building was erected on the north side of Flinders Lane, almost opposite the original warehouse, and these premises were occupied while the name of the firm changed successively from Felton Grimwade and Co. to Felton Grimwade & Duerdins Pty. Ltd., to D.H.A. (Victoria) Pty. Ltd.

In 1942 the building was compulsorily acquired by the Commonwealth Bank and the bank immediately took over a small portion of the first floor. In 1946 the directors purchased the wool store of Goldsbrough Mort & Co. Ltd. at 504 Bourke Street, Melbourne. Owing to restrictive building regulations, it was not until September, 1956, that a start was made in altering the building into a modern warehouse.

The original bluestone front of the building, which has long been a landmark in Melbourne, has been altered as little as possible, and gives no hint of the transformation that has taken place inside. The most modern mechanical handling equipment in the world has been specially designed to suit the building and operations to ensure maximum efficiency in the fast movement of merchandise within the warehouse.

**Area**—The warehouse has a frontage of 84 feet to Bourke Street and 132 feet to Little Bourke Street, and



Sales Room on second floor overlooking Bourke street

the total area is approximately 140,000 square feet. At the Bourke Street frontage it comprises five floors, but the ground floor runs back into the side of a hill and does not extend the full depth of the building, and there are only four floors on the Little Bourke Street frontage.

**Receiving**—Goods are received at the rear of the building, at the corner of Little Bourke Street and Little William Street. There is provision for off-loading five vehicles at the one time. Trucks can be driven into the building at the first floor level as well as up to the second floor by means of an internal road.

**Orders**—As soon as orders are received they are typed and placed on a fast-moving belt, which carries them to the pneumatic tube room, where they are despatched in steel carriers to various stations throughout the warehouse. In this way orders reach the hands of order workers within minutes of being received.

**Assembling of Orders**—Baskets are used for the assembling of customers' orders, and these hang on hooks from an endless chain overhead conveyor. The overhead line passes over the assembly lines on the two operating floors and the packing room, where the baskets after they are emptied are placed on the overhead line to continue their endless journey around the warehouse.

The general flow of goods is on gravity and mechanised conveyors from the rear of the building to the front on two floors, and the goods, when assembled into customers' orders, are directed to the packing room at the Bourke Street end, where goods converge from the two floors by fast-moving belt conveyors to a controller standing on a raised dais. He diverts the goods by an ingenious system of gravity rollers to one of four places—to the waiting counter if goods are being picked up by a customer; to the



Patent Medicine Dept.—showing mechanised and roller conveyor system and also overhead basket conveyor

country packing section or the city and suburban packing, or urgently required goods to a taxi truck, passenger train or mail section.

The goods, after being securely packed, are then lowered by a mechanised conveyor to the despatch department, ground floor, Bourke Street, where they are sorted into drivers' rounds, and from there directed by gravity rollers to the docks, where seven vans can be loaded at the one time.

The front section of the third floor houses the administrative and share offices of Drug Houses of Australia Ltd., together with the board room, travellers' and medical



Order Room—showing section of the order takers

detailers' rooms. The remainder of this floor is used for the bulk storage of D.H.A. proprietary, ethical and agency lines, and there is a considerable area available for future expansion.

Because of the excellent natural lighting from the sawtooth roof, the fourth floor is used for the administrative and general offices of D.H.A. (Victoria) Pty. Ltd. Also on this floor are the extensive staff amenities, comprising spacious locker rooms, a recreation area, and a



Canteen—showing portion of the seating accommodation and serving counter

large, attractive canteen where morning, afternoon tea and lunch is served to a staff of approximately 400.

Steam heating is provided throughout the building, both in the offices and warehouse sections, and, in addition, the offices have air-conditioning.

For the first time in many years, it is now possible to house all the activities of D.H.A. (Victoria) Pty. Ltd. under the one roof, and this modern and attractive warehouse should fill the company's requirements for many years to come.

## MORPHINE SIDE EFFECTS

### Control by Other Drugs

In healthy people it appears that morphine is not the dangerous drug it has hitherto been believed. This opinion is expressed by G. Christie and his colleagues of the University of Melbourne, in a report describing their experiments on volunteers who received doses of morphine up to 30 mgm. It was found that the narcotic action of morphine could be counteracted by amiphenazole (20 to 40 mgm.), and that cyclizine hydrochloride (50 to 100 mgm.) was effective in controlling the incidence of vomiting associated with morphine.

In volunteers who received morphine alone, dizziness and ataxia appeared early; drowsiness was usually delayed for two or three hours, and vomiting sometimes occurred up to seven hours after the injection; severe reactions sometimes persisted up to ten hours.

The author concluded that the full control of side-action of morphine requires the use of: (a) Malorphine (for respiratory depression), (b) amiphenazole (to combat central depression), and (c) cyclizine (for control of vomiting and nausea).—"The Pharmaceutical Journal."

## ZIRCONIUM ALLERGY

Walter B. Shelley and Harry J. Hurley (Brit. J. Dermatol. 70:75-101, 1958) reviewed the literature concerning the recently observed axillary eruption associated with deodorants, and showed, experimentally and clinically, that deodorant granulomas result from a specific acquired allergic hypersensitivity to zirconium. The quantitative aspects of the allergy deserve special mention, since unbelievably small amounts of zirconium may elicit granuloma. As little as 0.2 microgram of sodium zirconium lactate was capable of producing a grossly visible skin lesion in a highly sensitised patient, so that the sensitised individual can respond to traces of an allergen well beyond the point which can be detected by present-day analytical procedures.

The affected patients almost uniformly give a history of using a zirconium-containing product (usually a stick deodorant) for months prior to the sudden appearance of a papular eruption. Contact with the deodorant containing 4 to 8 per cent. of sodium zirconium lactate provides the sensitising exposure. Nicks from shaving permit the soluble salt to enter the dermis; once the sensitivity state has been set up, application of zirconium to the skin results in delayed allergic granuloma formation.

"From the preventive standpoint, zirconium deodorant sticks should not be used by the general public. It must be recognised that this granula formation is a very rare development, since literally millions of people have used the deodorant without untoward effect. The sensitising potential of zirconium is clearly very low. Yet the granuloma formation is a very real phenomenon directly attributable to zirconium. At one time at least 30 American deodorant products contained zirconium. It would appear judicious to avoid topical zirconium not only in deodorant sticks, but probably also in the topical treatment of contact dermatitis."

"Our evidence indicates that this heretofore unrecognized allergic response to zirconium is due to the zirconium ion and not to any particular salt or to an impurity."—"Drug and Cosmetic Industry."

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*. . . . to support them is just plain common sense!*

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The Australasian JOURNAL OF PHARMACY, August 30, 1958



# Prescription Proprietaries and New Drugs



By  
Geoff K. Treleaven, Ph.C., F.P.S.

PHARMACEUTICS DEPARTMENT,  
VICTORIAN COLLEGE  
OF PHARMACY

## RECENT ATARACTIC DRUGS (TRANQUILLISERS) (Revised List)

Derivative	Official, Generic and Approved Names	Proprietary and Other Names
—	Rauwolfia B.P.C., 1954, including	Serpasil, Serpiloid, Quiescin, Sertensin,
—	Reserpine B.P., 1958	Sandril, Reserpal, Tenserp, Serfia, Raudixin, Serpina, Rauwiloid, Hypothal, etc.
—	Deserpidine (11-desmethoxy-reserpine)— an alkaloid of Rauwolfia canescens	Harmony
—	Captodiamine	Covatix ("Covatin" overseas)
—	Methylpentynol B.P.C., Supp., 1957 (Methylparafynol)	Oblivon, Somnesin, Atempol, Profundol, Insomnol, Dormison, Oblivon-C (Car- bamate)
Phenothiazine	Chlorpromazine HCl. B.P., 1958	Largactil, Thorazine, Megaphen
"	Pecazine (Mepazine)	Pacatal (Paxital for veterinary use)
"	Promazine	Sparine
"	Triflupromazine	Siquil (Vesprin)
"	Acepromazine	Plegicil, Notensil
Piperazine	Hydroxyzine	Atarax
Phenothiazine-Piperazine	Prochlorperazine	Stemetil, Compazine
"	Perphenazine	Trilafon
"	Thiopropazate	Dartalan (Dartal)
Benzilic Acid	Benactyzine	Nutinal, Suavitil, Karmazine, Lucidil, Cevanol, Cafron, Benactone
Benzhydrol HCl.	Azacyclonol	Frenquel
(Azacyclonol is the gamma isomer of the antidepressant drug Pipradol)		(Meretran.)
Propane Diol	Meprobamate	Equanil, Miltown, Mepavlon, Placitate, Pimal, Mepron
	Mephesisin B.P., 1958 (cresol Glycerol ether)	Myanesin Tolseram (Carbamate)
	Guaiacol Glycerol Ether	Respenyl, Reorganin, etc.
Butanediol	Phenaglycodol	Acalo, Ultram
	Promoxolane	Dimethylane

# The Women's Section

Correspondent: Miss A. K. Anderson

Many pharmacists from all States are meeting in Adelaide this week, where A.A.N.Z.A.S. Conference is being held. We wish Section O every success, and hope much of interest and benefit to pharmacy will result from this Conference.

## THE WOMEN PHARMACEUTICAL CHEMISTS' ASSOCIATION OF VICTORIA

At our last General Meeting in August, our President, Miss K. Keogh, welcomed members, and after calling on Miss Witt to say a few words about the new Pharmacy College building, introduced our guest speaker, Sister Margaret Gale, who spoke on "The Care of Paraplegics."

Sister Gale is the Clinical Sister attached to the Paraplegic Unit at the Austin Hospital. This clinic, which was started 2½ years ago, is now accepted as the Spinal Centre for Victoria, and all accident cases involving spinal injuries are sent direct to the Austin.

Sister Gale spent two years abroad, a large part of that time at Stoke Mandeville Hospital in England. Stoke Mandeville, which began with 25 beds and now has 150 beds, is the largest hospital for paraplegics in Europe.

Nursing spinal cases is a specialised branch of nursing. It is very heavy, as the patients are paralysed and have to be turned every two hours, and it requires a sense of humour and considerable understanding, as the patient has to be rehabilitated mentally as well as physically.

Sister Gale told us of many amusing and interesting incidents when, early this year, she took a paraplegic patient home to Ireland by air, and also something of conditions in Ireland.

At the conclusion of her talk, many questions were asked before Miss Witt, on our behalf, proposed a vote of thanks to Sister Gale for giving up some of her valuable free time to give us such an interesting talk.

Chemists in all Melbourne suburbs will learn with regret of the sudden death on July 23 of **Miss Margaret Williams**, a member of our Association. Apprenticed to Mr. L. M. Knight, of Brighton, Miss Williams qualified in 1942. Soon afterwards she joined the A.W.A.S. and spent some time with the 130 A.G.H. B.C.O.F. Japan. At the time of her death she had been with David Bull Laboratory for nine years and was well known to most of us. She will be missed for her bright and cheerful manner and unfailing willingness to help in any way possible. Miss Williams was a member of our Association.

Another member whose death came as a shock to us all at the end of last month was **Miss Unity Hespe**. Miss Hespe was on the Committee of our Association for a number of years and President, for a term. She continued to take a great interest in our Association until the illness of her mother, when she could no longer attend the meetings. She had a business in Elwood for a number of years, and at the time of her death was in business in High street, St. Kilda.

A theatre party has been arranged for Tuesday, September 9, at the Comedy Theatre, where Edwin Styles and Sophie Stewart are playing in "Not in the Book." Miss MacGillivray (FU 7528) may be contacted for tickets.

## THE ASSOCIATION OF WOMEN PHARMACEUTICAL CHEMISTS OF NEW SOUTH WALES

After members had gathered at Science House, Miss Sweeney, our Acting President, opened the August Meeting.

The Social Secretary was called upon to report on the social evening which took the place of the July Meeting.

Miss Sweeney then welcomed back Mrs. Campbell, our President. Mrs. Campbell had written a letter of appreciation for the flowers the Association had sent to Crown Street Hospital.

Miss Anderson, our Secretary, had written a letter of condolence to the Victorian Association on the death of Miss Freda Smalley. A letter in reply was read at the meeting.

A mannequin parade is set down for early October, and all members are invited to bring as many friends as they wish to the home of Mrs. Smith, of Vaucluse, who has kindly invited us to be her guests on this occasion.

Miss Sweeney then introduced our guest speaker, Miss Bowen, who in turn introduced to us "Meals on Wheels." This is part of the programme of the Sydney City Council to provide meals for elderly and sick people living in the Council area. "Meals on Wheels" is financed by the Council and organised in conjunction with voluntary help to provide club facilities and a balanced meal in the middle of the day for elderly people. Patients must be willing to have the service call each day and pay the small charge of 2/- per meal or 10/- a week.

The movement started in England during World War II, when it was found that many elderly people would not be evacuated to the country districts and insisted on staying in the danger areas.

In Sydney there are six voluntary groups, each of 36 helpers, and each group works one day a week. Approximately 25 per cent. of the cases require a special diet, such as diabetic or low salt diets. The menus are arranged in four-week cycles for winter and summer.

From the Lower Town Hall food for eight rounds each comprising 14 to 15 calls is packed into gallon thermos food flasks. The food is taken out in private cars, each driver having two or three helpers. The cars leave the Town Hall at 11.30 a.m. and return at 1.30 p.m.

The results of this service have been very pleasing to those working in conjunction with the City Council. Miss Bowen said the work was very satisfying, although it proved very tiring to the voluntary helpers. Improvements in physical health and also in mental outlook have been observed.

The ultimate aim is to bring people out for their midday meals to clubs which are being established in the Council area and to enjoy other club facilities.

The meeting closed about 10.30 p.m., after Miss Bowen had answered a number of questions, and the members had accorded her a vote of thanks.

#### THE ASSOCIATION OF WOMEN PHARMACEUTICAL CHEMISTS OF QUEENSLAND

About 20 members and friends spent a very pleasant evening at the opera "The Barber of Seville."

In July, our President, Miss Reuther, introduced Dr. Gertrude Wenzel, a lecturer for the Board of Adult Education in Queensland. Dr. Wenzel kept members and visitors enthralled by her talk on Holland, the flower and cheese markets and Delft pottery. Coloured slides gave life-like illustrations of the interesting places she had visited.

A silver coin entry enabled us to send a donation to the Flying Doctor Service.

The evening ended all too quickly, but we have agreed that another evening enjoying Dr. Wenzel's world-wide travels is a must in the near future.

#### THE WEST AUSTRALIAN WOMEN PHARMACISTS' ASSOCIATION

Our meeting this month was held at Rumbles on August 13.

Mrs. Doherty, a fellow member, has recently returned from an overseas trip, and showed us many of her excellent slides of England, Europe and America. A thoroughly entertaining evening, which concluded with a hot supper served by Rumbles, was had by all those present.

Our next meeting will be our Annual Dinner, to be held at the Charles Hotel on September 10.

#### WOMEN PHARMACEUTICAL CHEMISTS' ASSOCIATION OF SOUTH AUSTRALIA

On June 19 a visit was made to the telephone section of the G.P.O. Unfortunately, due to colds, our numbers were small, but those present had a most interesting evening. The first impression, on entering the building on a very cold evening, was of the pleasant warmth from the central heating.

First we inspected the trunk line section. Here the main impressions were of the quietness, efficiency and speed in making connections all over Australia. One girl, whose job we didn't envy, had to sit at a microphone, watching a clock, and announce the correct time every 15 seconds. We were told, however, that the girls are relieved every 20 minutes on that job. We felt they would certainly need to be!

Next we inspected one of the two main city exchanges. We were surprised to see how clean and colourful the power-generating machinery looked. The main room, where the cables entered, looked more like a textile factory, with its thousands of coloured "bobbins," than a telephone exchange.

Our only regret at the end of the evening was that more of our members had not been present.

Our next meeting was held on July 22 at the Lady Symon Lounge. Plans were made for a dinner to be held on August 21 at "The Copper Kettle" in honour of the Interstate women pharmacists who will be visiting Adelaide for A.N.Z.A.A.S.

It was also decided to hold the Christmas Meeting at "The Copper Kettle" on December 2.

The possibility of holding a theatre party for "Salad Days" was discussed. Remits for the next Federal Conference were briefly discussed.

At the close of formal business the President, Mrs. E. Lester, introduced our guest speaker, Mrs. Phoebe Hamilton, who is one of Adelaide's leading models and also conducts a fashion school in conjunction with Miss Nancy Fowler. She spoke on "Some Aspects of Fashion."

At the conclusion of her talk Mrs. Hamilton was kept busy answering questions. When questions were exhausted, Miss Heather Smith proposed a vote of thanks to the speaker.

The meeting then adjourned to the coffee lounge for supper.

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# Overseas News

## GREAT BRITAIN

London, August 9, 1958.

### Society's Purchase

The outstanding pharmaceutical event of the past month has been the announcement by the Pharmaceutical Society that it has purchased the freehold of its house in Bloomsbury Square and adjacent property, at a total cost of £230,000. The purchase was made from the Bedford Estate, which has been disposing of some of its properties to pay off duties consequent upon the death of the Duke of Bedford. This property deal attracted wide publicity in the national newspapers, and was mentioned by the British Broadcasting Corporation.

The purchase was mentioned by the President at the Annual General Meeting last May (see June News Letter). Another matter also mentioned then, and which has not been welcomed so widely, is the increase in the Annual Retention Fee, which has now been raised from £3/13/6 to £5/5/-. The fee payable by members aged over 70 will remain at £2/2/-. The present increase will result in a gain to the Society of over £40,000 annually, and consequently there should be no drain on the accumulated funds as has happened in the last few years.

At the Council meeting when these announcements were made, the President welcomed Mr. Gavin H. Williams, a past Vice-President of the Pharmaceutical Society of Victoria, and Mr. J. M. Dickey, member of the Pharmacy Board of New Zealand. Mr. Dickey had been at Cardiff, in charge of the New Zealand athletics team which was taking part in the Commonwealth Games.

### The Trading Side

A rather poor summer, from the weather point of view, has brought grumbles from many pharmacists at the seaside, on account of the low sales of summer cosmetics, films and sundries, such as sunglasses. Generally, sales are still showing an increase over last year, but this is partly attributable to general inflation.

Gift voucher stamps are again in vogue in a number of areas throughout Britain. In the scheme, which was common between the two wars, purchasers received stamps at certain shops, and these, after accumulation, can be exchanged for goods selected from a wide range. A few pharmacists appear to be participating, and the Pharmaceutical Society has stated that the pharmacists involved should be told that it is an infringement of the Statement on Matters of Professional Conduct, and that the central stamp distributing organisation be told of this. The National Pharmaceutical Union has warned its members that those taking part in gift stamp schemes may not be invited to renew their membership.

### Life Peers and the Pharmaceutical Industry

The change in the framework of the Constitution by the introduction of life peers, including women, to the House of Lords, has found an echo in the drug industry. Among the first peers to be created are Sir Ian Fraser, C.H., O.B.E., M.P., and Mr. V. F. Noel-Paton. Sir Ian Fraser was blinded in the First World War, and has interested himself in the welfare of the blind ever since. He has, as well as being in Parliament from 1924 to date, with two gaps totalling about six years, taken a very active part in public life. He is a director of Aspro-Nicholas Ltd. and other companies. Mr. Noel-Paton had an active business career in India, which he left in 1951, and in the same year joined the board of T. & H. Smith, of Edinburgh.

### New Salary Scales

New minimum salary rates have been issued by the Retail Pharmacy Joint Industrial Council, and came into operation on July 14. Like earlier scales, they are based on average weekly sales, and are in three

groups, according to area. The highest rates are payable in London, and the second rate in large provincial cities, and the other and lowest rate in the rest of the country. The basic salary for a manager with a turnover up to £100 per week in London is £14/17/-. At £300 it is £17/1/-, and at £320 it is £17/8/-. For each additional £10 weekly sales an additional 2/- is payable up to a maximum weekly sales of £600. The higher provincial rate is 5/- per week below the London figures, and the lower rate is a further 5/- per week down. Manageresses in all areas receive 12/- per week less than their male counterparts. Assistant pharmacists are paid from £11/19/- to £12/19/- in London, and females receive 7/- per week under this figure. Unqualified assistants in London are paid £7/1/- per week at age 20, rising to £9/8/6 at age 24. The differential rates for the provinces are 6/- and 12/- per week under these figures. Such assistants are expected to have completed not less than three years' continuous experience in pharmacy, and are wholly or mainly engaged in dispensing. Rates are also laid down for shop assistants. Payments actually received by pharmacists are generally considerably above these figures; advertisements for managers at £1000 per year and upwards are not uncommon. The rates for dispensers, however, are more closely allied to those being paid. It is part of the N.H.S. contract conditions that assistants in dispensing as well as pharmacists should be paid at least at these rates.

### Van Not a Shop

In many country districts of Great Britain large motor vans carrying a wide range of groceries, food-stuffs and toilet preparations make a regular round to meet the needs of scattered populations. They may also take up a stance where people congregate on parts of the coast, or outside a mental hospital during visiting hours. Not unnaturally, shopkeepers who have to pay substantial rates object to this procedure, as van owners only pay the normal tax for a motor vehicle. Recently a High Court decision has laid it down that such vans are not shops within the meanings of the Shops Act, and if Parliament wished them to be controlled legislation must be introduced. This decision gives owners of these vehicles additional privileges, as it enables them to trade throughout Sunday, and it would also appear that they can trade to a much later hour. As the law stands, poisons can only be sold from licensed premises, which would not include mobile vans, but there is some fear that pharmacists, particularly in coastal resorts, will be prejudiced by the Court's decision.

### B.M.A. and the Service

In the July News Letter reference was made to the first ten years of the Health Service and the publicity it received. Since that News Letter was written the British Medical Journal has published its comments. It is stated that doctors were concerned to see that the N.H.S. was solvent, to make sure that money that should be available for hospital development, for instance, was not thrown away on household remedies everyone used to buy for himself but now got out of the Health Service. The politician averted his gaze from this, and pretended it was the expensive proprietaries that sent the drug bill soaring. A doctor wanted to ensure that there was no barrier between the patient and the life-saving disease-preventing remedy. He also wanted to ensure that the public used the service in a responsible way. The article pointed out that many of the benefits laid at the door of the N.H.S. more properly could be credited to the advances of modern medicine. One of the most remarkable of these, it said, had been in the field of medicinal therapeutics, "yet we already hear the State managers growling at the pharmaceutical industry, whose participation in this phenomenal progress has been indispensable." British medicine today was at a high peak of achievement. In research, in ingenious experiment, in speculative energy we could hold a candle to any other country in the world. But those who were paramount in these fields came into medicine before 1948. Would British medicine stand so high ten years hence?



# COSCOPIN

TRADE MARK

(NOSCAPINE)

## For Effective Control Of Cough



### available as Linctus and Lozenges

Coscopin inhibits the cough reflex. It has the advantage over codeine that it is a mild bronchodilator, a mild respiratory stimulant and does not cause constipation.

COSCOPIN LINCTUS is pleasantly flavoured and contains 25 mg. of noscapine in each 2 teaspoonfuls (7 ml.). It is available in bottles of 4 fl. oz. (114 ml.) and 2 litres.

COSCOPIN LOZENGES each contain 25 mg. of noscapine  
and are available in prescription packs of 20.

## EVANS MEDICAL SUPPLIES LIMITED

SPEKE

LIVERPOOL 19

IN AUSTRALIA:

EVANS MEDICAL AUSTRALIA (PTY.) LTD., SYDNEY AND MELBOURNE.

# **NEW! SPECIALLY FOR FLU up to 60% PROFIT for you in "SAME-DAY"**

## **COLD AND FLU TABLETS**



### **BACKED BY SOLID NATION-WIDE PRESS AND RADIO ADVERTISING**

"Same-Day" Tablets will be publicised by a powerful Australian-wide advertising campaign in popular and widely circulating press and leading journals. Radio stations all over Australia will also carry a continuous campaign of attention-compelling spot announcements at carefully selected times.

Synergised for greatest effectiveness, "Same-Day" Tablets—a new addition to the B.M.L. range of family medicines—have already been tried and tested on overseas markets with remarkable success and are certain to be one of your fastest-moving lines. You can stock and recommend "Same-Day" Cold and Flu Tablets with every confidence.

Solidly backed by the heavy radio and press advertising, these attractive orange-coloured, strip-packed "Same-Day" Tablets will prove a steady, profitable seller for you.

"Same-Day" Tablets cost you 52/- a dozen and selling at 6/6 carry a minimum mark-up of 50% for you, but, be wise! BUY IN PARCEL LOTS with other B.M.L. lines—FORD PILLS, MENTHOLIDS, CURLYPET, PRESSOR SALT, etc.—and make EXTRA PROFIT of 2½% on £5 or over parcels, 5% on £7/10/- parcels and 7½% on £10 or over parcels. Remember! You can assort items as you wish. With the usual 2½% cash discount you can make up to 60% on "SAME-DAY" Tablets.

So, take advantage of the inevitable demand . . . take advantage of the high profit . . . stock and display "SAME-DAY" Tablets.

**ORDER FROM YOUR WHOLESALER TO-DAY!**



## **British Medical Laboratories Pty. Limited**

87-91 CLARENCE STREET, SYDNEY

Unless we could be sure that it would, or at least create conditions that made for excellence, then the N.H.S. might, a decade from now, be "a perfect machine manned by an army of uniformed conductors, but without a driver."

In an article in the same Journal, Lord Moran (a former President of the Royal College of Physicians), pointed out that £74 million was spent every year on drugs, and there was no hope of reducing this figure until the public and the doctors were convinced of the futility of prescribing drugs which were merely a means of suggestion. Continuing, Lord Moran said that it was inevitable that the actual cost of a progressive science like medicine would go on mounting. A new antibiotic, for example, might add £2 million to the annual drug bill. The doctor could help in the matter of economy, but the public must also play their part, and the politician must have the courage to tell them bluntly that they must pay for at least some of their drugs. And, however politically inexpedient, he might have to suggest a "hotel charge." The only alternative, in his opinion, was to lower the standard of the service.

#### Pharmaceutical Service in Northern Ireland

The Pharmaceutical Service in Northern Ireland is administered separately from that in Great Britain, although the population is smaller than that of Wales, and the total number of pharmacies, 693, is fewer than the County of London or the County of Middlesex, which has 712. In the report of the Health Services Board for 1957-8, it is stated that this figure represents one shop for each 2000 of the population, and is considered more than adequate to provide a good service. Additional pharmacies are only required in areas where there is no chemist or which are developing rapidly. Since the Health Service came into being the number of shops has gone up by 29 per cent. During the year 4.7 million forms were dispensed at a total cost of £2.35 million, an increase of 7.2 per cent. over the previous year. The report states: "The demand for drugs, medicines and appliances shows no signs of lessening, and the cost continues to rise. It has been stated that the rising cost of pharmaceutical services is offset by the shorter time required to get patients back to work, but sufficient information is not available to enable this to be confirmed." Three reasons are suggested by the Board as a cause of the excessive costs: first, expensive preparations are ordered instead of cheaper official preparations of apparent equal therapeutic value. "This tendency, which seems to be more marked in young doctors, is, no doubt, largely encouraged by the advertising campaigns of proprietary drug houses, by which young doctors appear to be more influenced than the more experienced practitioners." The other two reasons are given as the ordering of unnecessarily large quantities, and the prescribing of a number of items on the form when one or possibly two would be sufficient.

#### Multiple Sclerosis Vaccine

The British Medical Journal has stigmatised the marketing of the Russian vaccine for multiple sclerosis without any reasonable evidence of its clinical value as "unfortunate." This statement is made in a leading article commenting on a letter from Professor A. K. Shubladze (chief of laboratory, Ivanovsky Institute of Virology, Moscow) and Dr. G. W. A. Dick (Professor of Microbiology, Queen's University, Belfast), published in the same issue. The letter said that it was clearly necessary to reinvestigate and characterise the original isolates of the S.V. strain of acute encephalomyelitis virus of man, from which the Shubladze and Margulis multiple sclerosis vaccine was prepared, because recent experiments had shown that the S.V. strain in current use was similar to rabies virus. As far as treatment with the "vaccine of Shubladze and Margulis" was concerned, it was not possible to make any further recommendation until reinvestigations had been made. The B.M.J. says that patients with multiple sclerosis should be told of the nature of the virus from which the vaccine is made, that the vaccine may be dangerous, and that it has not been shown to do any good.

#### Poisons and Dangerous Drugs in Hospitals

At a meeting of hospital pharmacists in the South-West Metropolitan area, Mr. W. Trillwood, F.P.S., a member of the Central Health Service Council Joint Committee on the Control of Dangerous Drugs and Poisons in Hospitals, opened a discussion on the report of this committee. Much debate, he said, had centred on the question as to whether day and night nursing staffs should both use the same drug cupboards. The sub-committee had decided that they should both use the same cupboards because the ward sister carried the responsibility for the drugs on her ward, only one stock would be necessary, and the keeping of records would be simplified and proper checking ensured. Referring to the sub-committee's recommendation that all drugs should be administered and checked by two persons, Mr. Trillwood said that there were six different methods if one or two nurses were involved in giving and checking drugs, but not all were of equal value as checks. The most senior person should undertake the most difficult job, i.e., the checking. The practice of putting out drugs had rightly been condemned by the sub-committee. Separate books had been recommended for (a) the requisitioning and (b) the recording of Dangerous Drugs. If one book was used for both purposes, it would often be away from the wards when needed, especially where supplies were obtained from another hospital. The only record at the time of administration might be on a scrap of paper which might or might not be entered properly later on.

Authority to possess, and hence to requisition, Dangerous Drugs was vested in the ward sister or acting sister; the latter could be any nurse, whether qualified or not, even a first-year student if she were in fact in charge of the ward. The S.R.N. qualification did not in itself give authority to possess Dangerous Drugs. There should be one key only for any ward drug cupboard. The knowledge that only one key was available would encourage care in handling it, and there would be much less likelihood of its being lost.

#### Cost of Prescribing

In the last News Letter the main recommendations of the Hinchliffe Committee's Interim Report on Economy in Prescribing were outlined. This report received appreciable attention in the national press. "The Economist" said that the manufacturers would not willingly accept the proposal that the approved name should be given on all literature, and labels as prominently as the trade name, as it would be equivalent to asking the manufacturers to cut their own throats. The "New Statesman," which has a strong Labour slant, gave as its opinion that the report confirmed the belief that the Ministry of Health had little effective control over the cost of prescriptions. The Committee had failed to face the full implications of its own findings, but skirted around the problem, giving "minor answers to major questions." The committee was also criticised for not facing the conclusion that there was something badly wrong with the organisation of general practice when doctors had no time to consult their lists for a cheaper standard preparation. The paper went on to complain that the committee had seen nothing wrong with a system which compelled the public to finance the costly promotional methods of proprietary selling and left research into new remedies almost entirely to the pharmaceutical industry. "In fact," concluded the "New Statesman," "the issues are still being evaded, as they were by the Guillebaud Committee, and have been by successive Ministers throughout the ten years of the National Health Service."

The Minister of Health has informed Executive Councils that he agrees with the recommendations in the report that the supply by Executive Councils of medical and pharmaceutical lists to drug houses is not desirable, and councils which have carried out this practice have been requested to discontinue it. This, of course, was the most easily implemented and perhaps the most futile of all the recommendations. Drug houses will have no difficulty in obtaining the required information from publications designed for the medical and pharmaceutical professions.

# Trade Notes

## TRAL

Abbott Laboratories Pty. Ltd., Sydney, has announced the release of a new anticholinergic that is stated to be potent, yet highly selective and low in unpleasant side-effects. Known as Tral, it is now being distributed throughout Australia.

Advice from the company is that Tral is potent enough to produce all desired antisecretory-antimotility effects, and at the same time, selective enough to avoid side-effects that result from unwanted anticholinergic action outside the gastro-intestinal tract. Another important claim is that it is safe enough to permit the broad range dosage so essential for truly individual therapy. Over 1,000 clinical trials have established its effectiveness in having postganglionic cholinergic blocking action, with side-effects fewer and milder than normally observed with an anticholinergic.

Clinical reports also indicate that in peptic ulcer Tral offers early relief of pain and distress. In patients with irritable colon, results were called gratifying, with abdominal distress disappearing after six days of Tral therapy. One patient, hospitalised with an intractable marginal ulcer, was relieved of pain after three days on Tral and was able to resume his normal occupation.

One of Abbott's most extensive advertising campaigns has been launched to acquaint the medical profession with this new product.

It will be supplied in the following forms:—Filmtab TRAL, 25 mg. in bottles of 50 Green tablets. Filmtab TRAL, 25 mg. with Phenobarbital, 15 mg. in bottles of 50 Lavender tablets.

## MAY & BAKER—PRICE REDUCTIONS

May & Baker (Aust.) Pty. Ltd. has notified reduced list prices of packs of "Stemetil" Brand Prochlorperazine Maleate and "Rovamycin" Brand Spiramycin as set out below, to be operative from October 1, 1958.

These presentations will be invoiced to chemists and wholesalers at the new prices from September 1, to enable stocks purchased at the old prices to be cleared before the new prices become operative to the public:

Product	Pack	New List Price
"STEMETIL"	25 x 5 mgm. tablets	6/3
	250 x 5 mgm. tablets	57/1
	5 x 25 mgm. suppositories	9/2
"ROVAMYCIN"	20 x 250 mgm. tablets	38/4

### New Items

From September 1, the company will be introducing a new product, "Otamidyl," Brand Ear Drops, and new presentations of "Stemetil" as set out below:

Product	Pack	List Price
"OTAMIDYL"	Bottles of 15 c.c.	4/7
	Bottles of 100 c.c.	20/5
"STEMETIL"	50 x 25 mgm. tablets	28/4
	500 x 25 mgm. tablets	255/-
	10 x 1 c.c. ampoules	
	1.25% solution	9/2
	10 x 2 c.c. ampoules	
	1.25 solution	15/5

## E. R. SQUIBB CENTENARY

This year the house of Squibb celebrates its centenary. The founder, Dr. Edward Robinson Squibb, who graduated from medical college in 1852, served with the United States Navy as a young doctor. Here he observed the torture of surgery performed without anaesthesia. While anaesthetic ether had been dis-

covered and was known to surgeons, it was unreliable and frequently so dangerous that many surgeons refused to use it.

Squibb determined to change this situation—at least in the Navy. In 1852, with naval approval, he persuaded Congress to appropriate funds for the establishment of a small naval laboratory for drug research.

Having witnessed surgery without anaesthesia, he turned first to the production of a safe, uniform, controllable ether—one which a surgeon would not hesitate to use. He accomplished this by the invention of a continuous steam distillation process, allowing quantity production of stable ether.



Dr. Edward Robinson Squibb (1819-1900), founder of E. R. Squibb & Sons.

Dr. Squibb also contributed substantially to work on drug standardisation, frequently working far into the night in the small laboratory at Brooklyn Naval Hospital. Here he served as physician and surgeon with only spare moments for research. Yet it was here that Squibb developed testing procedures to ensure uniform strength and purity of the drugs that left his laboratory. As a guarantee, he personally signed the label of the products he made or tested.



## Squibb Institute for Medical Research

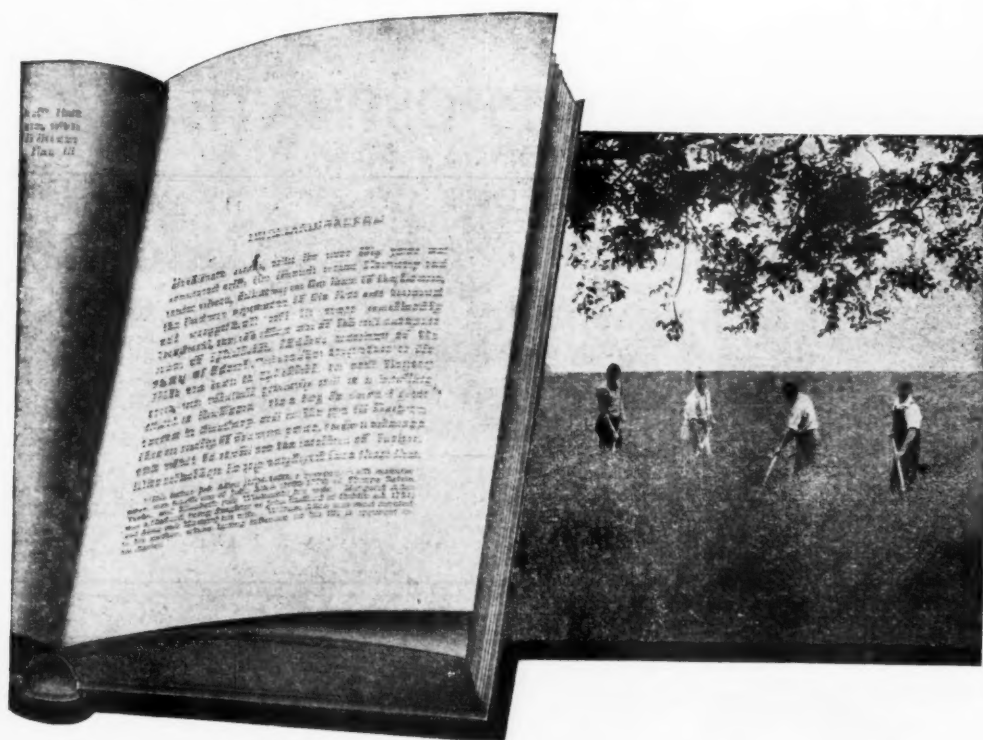
In 1858, with the support of physicians and pharmacists, Squibb opened a small laboratory on the Brooklyn waterfront. Within a few months of its establishment, the laboratory was gutted by fire. Dr. Squibb's eyelids were destroyed, and eventually one of his hands had to be amputated. But, despite this setback, Squibb with the support of friends in pharmacy and medicine rebuilt his laboratory.

Production of pure ether was the first of many pharmaceutical advances evolved in the Squibb laboratories. Among these was the production of the first standardised curare.

In common with many other pharmaceutical manufacturers, the company is exploring the nature of the folk-medicines of various countries. It is hoped that by the careful screening and testing of popular remedies it will be able to determine which have any scientific basis.



## new chapters in the RANSOM story



The Ransom story is a *continuing* story. It had its beginnings more than a hundred years ago, and important new chapters are added with every year that passes. Who writes the Ransom story? The research teams on the Company's drug growing farms at St. Ives, always seeking new strains of medicinal plants . . . the horticulturists, always investigating new methods of cultivation . . . and the production specialists at Ransom's Hitchin factory always striving for still more efficient methods of raw-material processing. Yes, these are the men who make the Ransom story — a *success* story.

**EXTRACTS : TINCTURES : ESSENTIAL OILS : RESINS : CHLOROPHYLL**

*Actual growers of*

**BELLADONNA : HENBANE : FOXGLOVE : PEPPERMINT : LAVENDER**

*Samples and quotations gladly supplied  
Specialists in the manufacture of products to customers' own  
formulas*



Established 1846

H. W. Woods (Pty.) Ltd., Clifford Street, East Oakleigh, Victoria  
Woods & Woods, Hardy's Chambers, 5 Hunter Street, Sydney, N.S.W.

**WILLIAM RANSOM & SON LTD.**

**HITCHIN • HERTFORDSHIRE • ENGLAND**

**J. F. MACFARLAN & CO. LTD.**

ESTABLISHED 1780

**CODEINE PHOSPHATE**

*(Special Tableting Form)*

ALOIN

CHRYSAROBIN

DITHRANOL

SCAMMONY RESIN

*(Lump or Powder)*

FINE PHARMACEUTICAL CHEMICALS

AUSTRALIAN AGENT:

H. BLEAKLEY & CO. (1910) PTY. LTD.,  
397-399 KENT STREET,  
SYDNEY, N.S.W.

8 ELSTREE WAY,  
BOREHAM WOOD,  
HERTS.

**Chemists...**

You are assured of a complete  
competent Service from **ROCKE'S**

*Their 89 years' experience is at your service. See them at any time regarding relieving  
work, purchasing an established business or opening a new pharmacy.*

**ROCKE TOMPSITT & CO. LTD.**

1877-1956 • 292 FLINDERS STREET, MELBOURNE C.I. MU7551

X116

Dr. Squibb's signature is today replaced by the quality control number. To carry on its quality control activities, Squibb uses much complex equipment, including Geiger counters, radioisotopes, and the electron microscope.

E. R. Squibb's accomplishments, his contribution to the development of safe ether, did much to alleviate suffering. But over and beyond his specific discoveries lies the influence of his ideals and philosophy on medicine and pharmacy.

#### P.A.T.A. OF N.S.W.

Notified 25/7/58—

Chemists' Section: Additions		Wholesale
Size	Retail	
	Ansell Distributors (N.S.W.) Pty. Ltd.	
7/6	Steadiflow Plastic Feeder	55/4 doz.
4/4	Steadiflow Plastic Replacement	32/- "
6/3	Steadiflow Pyrex Feeder	46/- "
3/1	Steadiflow Pyrex Replacement	22/8 "
5/-	Steadiflow Standard Feeder	36/11 "
2/-	Steadiflow Standard Replacement	14/9 "
1/8	Steadiflow Teats	12/- "
1/-	Steadiflow Caps	7/5 "
0/6	Steadiflow Discs	3/8 "
3/-	Steadiflow Caps and Discs (2 each)	22/1 "
1/6	Steadiflow Stericaps	11/1 "
1/-	"Ideal" Teats	7/- "
	H. F. Harvey Pty. Ltd.	
100s	40/- De Be Plus	26/8 ea.
General Section: Additions		
Trial	27/6 La-Fee Royal Jelly Beauty Cream, tube	18/4 "
Small	52/6 La-Fee Royal Jelly Beauty Cream, tube	35/- "
Large	105/- La-Fee Royal Jelly Beauty Cream, tube	70/- "
	British Medical Laboratories Pty. Ltd.	
	6/6 "Same-Day" Cold and Flu Tablets	52/- doz.

#### PRESCRIPTION PROPRIETARIES CARD SERVICE

The 20 cards issued recently for the month of August dealt with the following products:—

A149	Antepar Tablets
B 94	Bio-Synephrine
B 95	B-Pasinah
B 96	Blandvita
C175	Codelsol
C176	Corlan Pellets
C177	Calafran
C178	Cortar-Creme
C179	Chlor Trimeton Maleate Injection
F 50	Ferrivenin (Benger)
H 62	Hydrocortisone Cream (P.D.)
M 99	Megobar
N 89	Norlutin
N 90	Nostinal
P220	Pentacode
S129	Sulmezil V Tablets
T122	Theravaxin Bacterial Lysate
V 56	Vascutonex Cream
V 57	Varidase Buccal Tablets
V 58	Velamate

The 20 cards about to be issued for the month of September will deal with the following products:—

A150	A.V.P. No. 1
A151	Arobon
B 97	Bakra-Mas Tablets
B 98	Blandsprin
C180	Corlan Pellets
C181	Coricidin Forte Capsules
D121	Disamo
D122	Debendox
M100	Mephosol (New formula)
N 91	Nestargel

P221	P.V.K. Tablets
P222	Pentab Regular
P223	Pentab Strong
P224	Pethilorfan
S130	S-M-A
S131	Salamide-B Forte
S132	Sedumax Tablets
S133	Soventol Tablets, Injection and Jelly
S134	Sednaco Linctus
V 59	Varidase and Varidase Jelly

#### "Prescription Proprietaries Guide for Doctors and Chemists"

Details of a new offer have been in the hands of "Journal" readers for some weeks past.

The "P.P. Card Service" will be discontinued at the end of this year, and in its place the "Journal" will produce every two years a new book, "Prescription Proprietaries Guide for Doctors and Chemists." The price of this book is £5/7/6 for the two years. So that details of new products becoming available from time to time will be under notice, there will be seven quarterly supplements to the "P.P. Guide" in the period between the biennial issues of the book.

It is expected that the new book will be distributed towards the end of November next. It will contain under the one cover the greater part of the information given in the "P.P. Card Service" since it was instituted in 1951.

## New Products

#### CORONET VICTOR

An eye-level camera styled in contemporary mood, for black and white by day or night or sunshine snaps in colour, is announced by Bleakley Photographics Pty. Ltd.

Two speeds, two apertures flash synchronised, takes 12 sq. pictures on 127 roll film.

This latest addition to the Coronet range is priced at £4/16/3 retail.

#### PEPSILPHEN

Bakra Laboratories announce the introduction in Australia of what is claimed to be a completely new type sulphur drug, "Pepsilphen."

Chemically, Pepsilphen is 6-sulphanilamido-2,4-dimethyl pyrimidine.

Indications are for the treatment of urinary tract infections and most gram positive and gram negative infections.

Pepsilphen is now available in bottles containing 100 ½ G. tablets, costing 27/- each.



#### BREEZEZY TABLETS: LARGE PACK

Breezezy Tablets are now available in a larger pack in attractively labelled bottles containing 50 tablets.

Breezezy Tablets are claimed to be effective in the treatment of asthma, hay fever, smoker's cough, catarrh, bronchitis and sinus trouble.

Cost 70/- doz., retailing for 8/9. Sold only by chemists, Breezezy Tablets, small and large sizes, are advertised in the daily press and on the radio.



## NEW COUNTER LINES FROM BOOTS

Two new counter pharmaceuticals for summer buying released by Boots Pure Drug Co. (Aust.) Pty. Ltd. are:—

### Viso Eye Drops

Viso Eye Drops in 1 fl. oz. plastic bottle, cartoned—list price 3/8, retail price 5/6.



Presentation is a small eye-catching outer for counter display, taking up a minimum of space. Each carton contains seven bottles, six of which are charged and one bonus.

Viso Eye Drops are stated to be a soothing and antiseptic preparation for the treatment of sore and tired eyes—a common complaint during summer months.

### Mylol Insect Repellent

Mylol Insect Repellent in 15 c.c. bottle.

Mylol contains Di Methyl Phthalate and Di Butyl Phthalate, and is claimed to be most efficient for use in repelling insects during the summer months.

Mylol is available in a small, attractive display outer containing six bottles.

List price, 1/5, plus sales tax; retail price, 2/5.



## GROUP LABORATORIES LAUNCH SILVIKRIN SHAMPOO

With what is heralded as "the largest advertising campaign ever undertaken in Australia for a shampoo,"

Group Laboratories (Aust.) Pty. Ltd. will soon launch its new Silvikrin "double-beauty" shampoo. The campaign will embrace full colour pages and half-pages in magazines and newspapers, television, window displays, and a range of attractive counter display material.

The manufacturer claims that for many years this shampoo has been the top-selling brand in England, and confidence is high that the excellence of Silvikrin Shampoo will quickly be recognised by the Australian public, and that it will soon emerge as the most-sought-after shampoo in Australia.

The product will be marketed in two packs—a large-size bottle at 5/6 each and a sachet (bubble) at 1/3 each. Price per dozen to chemists will be, bottles 39/7, sachets 9/-, subject to appropriate discounts if purchased in conjunction with the manufacturer's other products.

An introductory bonus offer from Group Laboratories will be available on one call only, and the company's representatives will offer three dozen sachets in a counter display unit and 13 large-size bottles, of which 12 sachets and 1 bottle will be given free. The price of this pack to chemists will be 57/7, against the basic value at standard retail prices of 69/11.



## Student Activities

### VICTORIAN PHARMACY STUDENTS' ASSOCIATION

The Annual Pharmacy Dinner was held on July 30 at Dennis House, Hawthorn. Some 60 students attended, and we were fortunate in having as our guest Australian Test Captain and fellow chemist Ian Craig, who made a special trip from Sydney for the occasion. After an excellent meal, Ian spoke to us about Australia's prospects in the forthcoming Test matches with the English team, and also gave us a few tips about working overseas if we are fortunate enough to travel when qualified.

### STUDENTS' DINNER



Test Cricketer Ian Craig, guest of honour at the recent annual dinner of the Victorian Pharmacy Students' Association, demonstrates with a baseball bat. With him are officers and members of the Association. From l. to r.: Miss J. A. Hood, Miss M. M. Purcell, Mr. T. J. Lynden-Bell, Mr. R. W. Ashton, Miss J. M. Crawford and Mr. N. F. Spielvogel.

During the evening dinner music was provided by Robin Twist (piano) and Lee Jones (clarinet). Neville Spielvogel gave us a preview of the Follies' songs. After the dinner our guests and some of the students enjoyed a party at Alec Abbott's home.

Arrangements are now being made for a College tie and blazer in the form of a reefer jacket.

### SYDNEY UNIVERSITY PHARMACEUTICAL ASSOCIATION

Now with the Mat. Med. Exams. behind us all the activities turned to the S.U.P.A. Ball which was held a week later.

The Ball was a great success, 400 tickets being sold and the hall filled to capacity. The bottle of champagne donated to the best decorated table quickly disappeared, and everyone finished up in the brightest "spirits." Elwood Bowen and his band provided the music, and despite a little "meat-ball" fight in the withdrawing room everything went off well.

S.U.P.A. would like to thank everybody connected with the Ball, especially those who left us some samples. They were quite welcome the day after!



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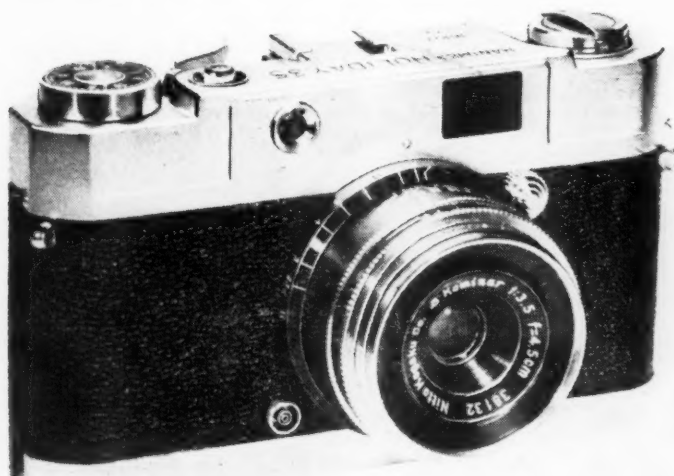
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In third term a lecture night has been arranged on "The Antibodies." Also there will be the factory visits to B.W.'s and P.D.'s later on in the term.  
Watch the "Mortar Monthly" for further details.

#### QUEENSLAND PHARMACEUTICAL STUDENTS' SOCIETY

The notable event of the month was the annual Football and Barbecue held as planned on July 24. A curtain raiser to the main event took the form of a Softball game planned as a match between Final year girls and all other years. Unfortunately for the latter team there were insufficient Final year girls to form an all-feminine team, so reserves were called in—boys; and heavens, how they slammed that ball! The result was quite inevitable, with a victory going to the Finals (they really should have been handicapped) by nine home runs to three.

To the more interesting spectacle—the Football. It was a fast and rugged game, with the hardest job going to the referee. Seems half the more stubborn players wanted to play Rugby Union, while everyone else wanted to play Rugby League. Result was rather a mixture (incompatible). However, all managed to enjoy the game. Time off was allowed for frequent visits to the side-lines for liquid refreshments; some of it was even canned. The ref. was blind when blindness was a virtue, and for a change no bones were broken and only a little skin was lost.

#### WESTERN AUSTRALIAN PHARMACY STUDENTS' ASSOCIATION

Well, the long black fingers of the final examinations for the year are stretching towards us, and everybody has become somewhat subdued of late.

However, a few devil-may-care souls were observed making merry at the Pharmacy Ball on July 29. It was a most enjoyable show, though somewhat dampened by the fact that most of the students present had an examination of one sort or another next morning.

The pallor of some of the students in the same week was not altogether accounted for by the Ball. The "Pharmacy Students' Blood Donation Week" was scheduled for the second week in July, but it did not quite work out that way, and as a result the main donations were made in the last week of July. The important point is that the donations were made, and the blood Bank now has some most interesting samples of Alcohol to study.

The Students' Picnic cum Car Rally held on July 6 was most successful despite the inclement weather. The turn up was very good, there being approximately 25 cars started in the rally and, believe it or not, 25 finished the course. Whether they were the same 25 cars I am not prepared to say. The main stumbling block in the course appeared to be certain discrepancies in the route instructions. One of the control points according to the instructions was up the hill to the left; that particular hill happens to be a gulch about 100 ft. deep with a winter torrent flowing through it. Another small error was the ease with which two lines in the instructions could be run together, the result being that one was left circling an area about four miles square and wondering at the dull similarity of the countryside.

The Rally finished at Araluen, which is the site of the students' 1959 Congress. The day finished in the dining hut of the Youth Camp which forms part of Araluen. However, for all the bad weather and the numerous mistakes on the part of the navigators, the Picnic was thoroughly enjoyed by all, and I am sure that next year's Picnic will be bigger and better than ever.

Before the Black Shroud of Third Term envelops us there is still one ray of light—the Dance Social held on August 14.

—Margaret Whittle, National Publicity Officer, 21 Beatrice road, Dalkeith, W.A.

#### INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION

##### Executive Meeting in Brussels

Five members of the I.P.S.F. Executive met in Brussels on June 6 for the discussion of important questions. Especially the agenda and the Council meeting at Strasbourg were discussed, two symposia worked out, the application for membership of the Polish Association was approved, and further progress in the field of publication considered.

##### Publicity in Non-Member Countries

In order to promote international co-operation in the pharmaceutical students' field, short reports on the tasks and activities of the IPSF were sent to universities in Africa, East Asia and South America. The President visited some 10 universities in Italy and the office of UNURI and the chemists' organisation FOFI at Rome in order to publicise for the study-tour and student exchange of IPSF in Italy. It is hoped that UNURI soon will help in founding an Italian National Association of Pharmacy Students.

##### IPSF News Bulletin

This two-monthly publication is evidently getting better in form and content. The editor, Glen Moir, Vancouver, tries to combine the current edition with pleasing exterior and varied articles. Many reprints and articles on national and international activities and pharmaceutical problems are ready for publication.

##### Student Exchange

All students who want to work for a short practical training in foreign countries (Germany, Yugoslavia, France, U.K., Scandinavia) may send their application as soon as possible to H. van der Meer, Leiden/Holland, Buitenruststraat 4.

##### President Met Executive Members of Parent Organisation

IPSF President Otto Föcking (Germany) met the President and Vice-President of the International Pharmaceutical Federation (FIP), Sir Hugh Lindstead (London) and Mr. Hermann Krause (Hannover) during a German pharmaceutical congress at Bonn. He had opportunity to discuss common problems and thanks for the support of FIP to IPSF.

## Publications Received

**I.P.S.F. News Bulletin.** Published by the International Pharmaceutical Students' Federation, c/o Faculty of Pharmacy, University of British Columbia, Vancouver 8, Canada. Annual subscription, one dollar (or equivalent). Single issues, 15 cents.

This issue (Vol. 1, No. 3, May-June, 1958) appears with a new format and cover, one which illustrates more clearly the development in the Federation over the past few years.

The journal includes a message from the President, Mr. Otto Föcking, of Germany, outlining activities (study-tour, student-exchange, etc.) in recent months. This covers information on the London Students' Conference, the French Students' Union, and visits to pharmaceutical colleges in Rome, Pavia, Genoa and numerous other Italian universities.

A very searching questionnaire on Pharmaceutical Education forms an interesting section of the current issue.

The eleventh Annual Congress of N.A.P.S.A. is concisely reported upon, and the report of the 16th British Conference of Pharmaceutical Students is also included in the issue.

In this publication the constitution of I.P.S.F. is set down in full, and the August Study-Tour programme is included.—F.H.B.

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# Commonwealth and State News

## VICTORIA

### PERSONAL and GENERAL

### State News

Members in Victoria desiring publication of personal items of interest are invited to write or telephone details to the Editor (FJ 5161).

Mr. J. Y. F. Wong has accepted a position with Mr. C. P. O'Loughlin, 1061 Mt. Alexander road, Essendon.

Mr. K. Fitzsimon has been appointed manager of the Stawell pharmacy of Mr. James P. Monaghan.

**Birth.**—To Mr. and Mrs. M. J. Whiffin, of Moorabbin, a daughter—Alison Jane, born on August 1. Congratulations.

Mrs. Lillian Mills has been relieving Mr. Beavis, of Chilwell. Subsequent engagements, ending September 15, have been arranged with Mr. A. Aronsen, Melbourne; Mr. D. Clark, Essendon; and Mr. M. I. Larkin, Dandenong.

### MANAGERS AND RELIEVERS: AUGUST LIST

Manager or Reliever	Pharmacy
Anchen, Miss P. . . . .	Miss V. Denton, Hawthorn
Baker, Mr. J. . . . .	Mr. G. L. Belleville, Fitzroy
Beaumont, Mr. P. . . . .	Clarkson's Pharmacy, Brunswick
Benporath, Mr. L. . . . .	Mr. T. H. Owen, Melbourne
Beulke, Miss M. J. . . . .	Mr. A. Miller, Prahran
Bohn, Mr. J. G. . . . .	Mr. R. K. Burton, Hampton
Brown, Miss B. . . . .	Mr. P. J. Tissot, Caulfield
Caldwell, Miss W. E. . . . .	Mr. R. H. Mercer, Corryong
Christian, Miss D. M. . . . .	Messrs. Sidwell & Townley, Hobart, Tas.
Cohen, Mr. G. E. . . . .	Mr. J. T. Morris, Numurkah
Daly, Mrs. N. . . . .	Mr. F. Raven, Moonee Ponds
Davies, Mr. H. E. . . . .	Mr. Val Preston, Reservoir
Dawes, Mr. E. J. . . . .	Miss E. C. Thompson, Thornbury
Douglas, Mr. R. B. . . . .	Mr. B. Davis, Geelong
Dunn, Miss M. . . . .	Mr. H. E. Lowe, Werribee
Evans, Miss Enid . . . . .	Mr. C. V. S. Bowen, Norlane
Ferry, Mrs. L. . . . .	Pardy & Co., Geelong
Gardiner, Mr. J. . . . .	Mr. I. H. Herbert, Altona
Gurry, Mr. L. F. . . . .	Mr. R. Eymer, Thornbury
	Mr. A. N. Barcham, East Bentleigh
	Mr. L. B. Allen, Collingwood
	Mr. E. T. Dean, Malvern
	Mr. H. H. Lloyd-Jones, Melbourne
	Mr. P. G. Gursansky, Dandenong
	Mr. H. S. Cope, Ascot Vale
	Mr. E. S. Bradley, Footscray
	Mr. L. B. Allen, Collingwood
	Mr. C. S. D. Holloway, Berwick
	Mr. W. J. A. Macmillan, Elsternwick
	Mrs. G. Tostevin, N. Balwyn
	Mr. I. J. W. Mercer, S. Yarra
	Mr. L. Premier, Yallourn
	Mr. K. J. Harry, Windsor
	Miss A. S. Sutherland, Geelong

Manager or Reliever	Pharmacy
Goldberg, Mr. H. . . . .	Mr. D. W. Tattam, Kew
Harris, Mr. A. F. . . . .	Mr. R. J. Wilkin, Melbourne
Henty, Mrs. K. M. . . . .	Mr. J. W. Dammary, Brighton
Hodgson, Mr. F. H. . . . .	Mr. G. L. Belleville, Fitzroy
Holland, Mr. J. C. . . . .	Mr. J. V. Kennedy, Melbourne
Jarvis, Miss M. . . . .	Mr. T. D. Adamson, Cohuna
Kenny, Mr. W. . . . .	Mr. T. W. Proctor, Box Hill
Kiers, Mr. J. . . . .	Mr. T. S. Clark, Newport
Knell, Mr. W. . . . .	Mr. W. H. Lawson, Glenroy
Kulpa, Mrs. J. . . . .	Mr. J. R. Cunningham, Melb.
Lang, Mr. I. D. . . . .	Mr. K. J. Woods, Barham
Leith, Mr. R. . . . .	Mr. J. E. Clementson, Preston
Macgill, Mrs. C. . . . .	Mr. A. J. Baker, Essendon
McDonald, Mr. D. W. . . . .	Mr. P. A. Wright, Springvale
Mills, Mrs. L. . . . .	Mr. H. Waysman, Noble Park
Neuss, Miss B. . . . .	Mr. L. Levy, St. Kilda
Petterson, Mr. P. . . . .	Mr. R. L. O'Connor, Carnegie
Purdy, Mr. G. . . . .	Mr. R. Gorr, Shepparton
Rennie, Mrs. . . . .	Messrs. Kelly & Larke, Burnie, Tas.
Richards, Mr. J. I. . . . .	Mr. H. L. Lee, Prahran
Rutherford, Mr. D. . . . .	Mr. C. W. Jackman, Ballarat
Sibel, Mr. A. . . . .	Mr. R. H. Mercer, Corryong
Stokie, Mr. D. G. . . . .	Mr. S. V. Royal, Bruthen
Vanner, Mr. D. . . . .	Mr. P. Gordon, Melbourne
	Mr. K. E. Murphy, Woodend
	Mr. A. S. Beavis, Geelong
	Mr. D. A. J. Phelan, Glenferrie
	Evans & Hartley, Warragul
	Mrs. J. M. Sloan, Mortlake
	Mr. M. I. Larkin, Dandenong
	Mr. H. N. Hammett, Dandenong
	Mr. M. Gandolfo, Wattle Park
	Mrs. Saunders, Bonbeach
	Mr. F. C. K. Hall, Ferntree Gully
	Mr. V. Strangio, Fairfield
	Mr. H. S. Cope, Ascot Vale
	Mr. R. T. Roberts, Mont. Albert
	Mr. R. L. Dear, Balwyn
	Mr. A. N. Dean, Hawthorn
	Mr. P. J. O'Hearn, Pt. Melb.
	Mr. B. N. Smith, Castlemaine
	Mr. J. W. Pollock, Alexandra
	Mr. L. R. C. Smith, Leongatha
	Craven's Pharmacy, Albert Pk.
	Mr. B. B. Bry, Caulfield
	Mack's Pharmacy, South Melb.

Mr. V. J. Gild has gone to South Africa for the celebration of his parents' golden wedding. He expects to be away about two months. During his absence Mr. C. J. Mitchell will manage the pharmacy.

Miss M. Doyle has resigned her position with the Pharmacy Department at the Alfred Hospital, and is now at the U.F.S. Dispensary, Buckley street, Essendon.

Mrs. A. Miller (nee Steinberg) has appointed Mr. A. Benporath manager of Steinberg's pharmacy at Carlton.

Mr. D. Petchell is now with Evans and Hartley, of Warragul.

Mrs. H. A. Taylor has appointed Mr. J. S. Donohue manager of her pharmacy at Macleod.

Mr. B. Durston is now manager of Messrs. Bartold and Lowell's pharmacy at Yarra Junction.

## VICTORIA—Continued

**Mr. A. Redapple** is in charge of the pharmacy of the late R. K. McDonald at Sunshine.

**Mr. Val D. Preston** will be in charge of the AMCAL stand at the Royal Show.

**Miss M. Cochineas** has opened a pharmacy at "The Hub," Wangaratta.

**Mr. T. A. Thomas** has opened a pharmacy at Croydon Market, Kent avenue, Croydon.

**Mr. M. Zandle** has opened a pharmacy at 357 Springvale road, Forest Hill.

**Mr. M. Snyder** has opened The Balwyn Pharmacy, Tivey parade, Balwyn.

**Mr. T. S. Clark** has opened a branch pharmacy at Lot 742, The Broadway, Newport West.

**Mr. and Mrs. M. J. Whiffin** have purchased the pharmacy of Mr. W. Swedosh, at 477 South road, Moorabbin.

**Mr. J. L. Fleming** has purchased DeGruchy's pharmacy from Mr. W. E. DeGruchy, 178 Bridge road, Richmond.

**Mr. W. Jackson** has notified change of address from 161 to 167a High street, Belmont, Geelong.

### IMPACT INSURANCE

Chemists whose premises are situated in a corner position or where there might be an additional hazard from traffic are vulnerable to this risk, and may obtain what is known as "impact" cover by an extension of their fire insurance policy.

P.D.L. advises that the additional premium is nominal (as low as 2/6), and the proprietor then has cover against destruction of or damage to the shop premises, fittings and stock, whether caused by any road vehicle, horses or cattle.

### REGULATIONS AND STANDARDS FOR FOODS AND DRUGS

The Regulations and Standards for Foods and Drugs made under the provisions of the Health Act have been consolidated, and are published in the consolidated form in the Government Gazette dated July 17, 1958.

Numerous amendments have been made to these Regulations since the last publication, and reference will be greatly facilitated by having the Regulations complete and up to date in the one cover.

Copies of the consolidated regulations will be available in due course from the Government Printing Office, Melbourne.

### POISONING BY POTASSIUM PERMANGANATE

After an inquiry in the Coroner's Court on August 5, the Coroner found that Reginald Stanley Murphy had died on May 16 from Potassium Permanganate, such poison having been wilfully self-administered.

The Coroner said that the Analyst's report indicated a high concentration of Manganese Dioxide in the stomach.

The deceased was a pensioner who had been ill for about ten years.

In his evidence Dr. Gorman, of St. Vincent's Hospital, said that the deceased was admitted to the casualty ward on May 16, but despite treatment died at 7.30 p.m. that day. He apparently had taken about 1½ oz. of Mist. Chloral and Bromide and an estimated 2 drachms of Potassium Permanganate.

### GEELONG CHEMISTS' NIGHT SERVICE

Nineteen chemists of Geelong have combined in a co-operative effort to provide an after-hours dispensing service for the people of Geelong.

Opened on August 11, at 257 Ryrie street, Geelong.

## NEW! $\frac{3}{4}$ " Aluminium Price Stripping



Plastic price tickets for above stripping in contrasting colours of Black, Blue and Red.

### SPECIAL CHEMIST'S SET

Complete with prices from ½d. to £1

Comprising 100 ft.  $\frac{3}{4}$  in. aluminium price stripping plus 50 dozen assorted plastic numbers and signs.

**NOTE OUR PRICE:** the lot £6/14/-

**COLOURED INSERT FOR ABOVE STRIPPING**  
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Extra numbers always available, and may be bought separately . . . available from

### EZI-CHANGE SIGNS

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## CALFLUOR

CALCIUM AND FLUORIDE SUPPLEMENT

THE introduction of CALFLUOR Tablets (Greenson) now provides the requisite prophylactic combination for the development of sound tooth formation and the inhibition of dental decay.

CALFLUOR formulation (Tricalcium phosphate 500 mg.: sodium fluoride 1 mg.) meets the optimal requirements for proper prophylaxis for children and also for expectant and nursing mothers.

CALFLUOR is being sampled and advertised to doctors and dentists throughout Australia.

Bottles of 200 tablets  
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Available through all Wholesale Drug Houses or from  
**GREENSON PTY. LTD., Melbourne, C.I. FB 2424**

## Pharmacy Board of Victoria

### The Pharmacy Course

#### Alteration In Entrance Qualifications

Attention is drawn to recent amendments of the Regulations under the Medical Act 1928, Part III, pertaining to entrance requirements.

The main effect of the amendments is that the requirement for entry into the Pharmacy Course on and after January 1, 1960, will be the Matriculation Examination of the University of Melbourne.

No prerequisite subjects are laid down, but since admission to the course will continue to be by selection, it is desirable that mathematics and at least one science subject be included at both the Leaving and the Matriculation examinations.

Further effects of the amendments are that the Pharmacy Board Preliminary Examination will be discontinued on December 31, 1958, and that the School Leaving Examination in at least five subjects (which must include English, one subject from the science and mathematics group and one subject from the languages and humanities group), will be the minimum entrance qualification until December 31, 1959. Possession of the minimum entrance requirements, however, does not ensure selection during that period. Applicants who have passed the Matriculation Examination have a better chance of selection than those who have not proceeded beyond the School Leaving standard.

Any person who, prior to December 31, 1959, has passed the Preliminary Examination or the School Leaving Examination in the required subjects or who has been given written notice by the Board that his or her educational qualifications are equivalent to the Preliminary Examination will, for a period of three years from December 31, 1959, be exempt from passing the Matriculation Examination, but again, the holding of such qualifications is not necessarily sufficient to ensure enrolment.

The Board has power under the Regulations to accept certificates other than those issued by the University of Melbourne, but each such application is considered separately.

F. C. KENT, Registrar.

under the management of Mr. R. O'Toole, the new service quickly became known to members of the public requiring an emergency dispensing service after the normal trading hours of chemists.

The move was given excellent publicity in the Geelong "Advertiser" of August 18, with a full page of descriptive matter backed by announcements from 18 advertisers associated with the drug trade.

The Minister for Public Works, Sir Thomas Maltby, addressed a letter to Mr. Albert C. Marshall, Chairman of the Chemists' Night Service, stating that he had "noted with satisfaction your proposal to render a continuous night urgent prescription service during the evening consulting hours, and consider this an essential community need."

The publicity material was arranged by the Pharmaceutical Public Relations Secretariat, and gave the Chemists' Night Service of Geelong a very good start.

Although it has been established primarily as a service to the public and not as a profit-making undertaking, this co-operative move deserves success.

#### DISCUSSION GROUP

The regular Discussion Group meetings will resume on Wednesday, September 10, when Mr. Alistair Lloyd will speak on "Hazards of Radioactivity and the Community," with special emphasis on:—

The Report of the National Radiation Advisory Committee to the Prime Minister.

Proposed legislation.

Effects on individuals.

Precautions taken to minimise effects.

Wartime hazards—fall-out, etc.

Society members will recall the recent interesting lecture from Mr. Lloyd on Radioactive Isotopes.

With the civilian population becoming increasingly aware of the possibility of hazards from radioactivity and the needs for safeguards, it is quite possible that it will be to the pharmacist that members of the public will turn for information, advice and reassurance concerning this health matter, just as they now turn to him for advice on more common hazards to health.

Pharmacists will therefore have an opportunity on September 10 of hearing from a speaker who has studied the problem at first hand in England and the U.S.A.

Be sure to keep September 10 free for Mr. Lloyd's timely lecture. The location—College of Pharmacy at 8 p.m.

—G. K. Treleaven, Secretary, Discussion Group.

#### STOCK DISEASES ACT 1928 (No. 3779)

##### Amendment of Regulations

(Extract from Victoria Gazette, 18/6/58)

Whereas by the Stock Diseases Act 1928 the Governor in Council is empowered to make Regulations for the purposes therein mentioned:

And whereas on the twenty-third day of October One thousand nine hundred and fifty-one Regulations were made under the power thereby conferred and published in the Government Gazette on the thirty-first day of October One thousand nine hundred and fifty-one and such Regulations have been amended from time to time:

And whereas it is expedient to further amend the said Regulations:

Now therefore His Excellency the Governor of the State of Victoria by and with the advice of the Executive Council in exercise of the powers conferred by the said Act and all other powers him thereunto enabling doth hereby further amend the said Regulations as follows:—

1. In Regulation 2 there shall be inserted the following definition:—



## VICTORIA—Continued

"Tuberculosis eradication area" shall mean any shire municipality or part thereof mentioned in the Fifth Schedule to these Regulations.

2. After Regulation 51 there shall be added the following Regulation:—

"52. Every owner of cattle which are in a tuberculosis eradication area shall in accordance with directions issued by the Chief Inspector of Stock submit all such cattle to a registered veterinary surgeon for tuberculin testing."

3. After the Fourth Schedule there shall be added the following Schedule:—

### "FIFTH SCHEDULE

Shires of—Bass, Berwick, Buln Buln, Cranbourne, Dandenong, Flinders, Frankston and Hastings, Glenelg, Korumburra, Mirboo, Mornington, Morwell, Narracan, Phillip Island (including French Island), Portland, South Gippsland, Wannon, Warragul, Woorayl.  
Borough of—Wonthaggi."

And the Honourable Gilbert Lawrence Chandler, Her Majesty's Minister of Agriculture for the State of Victoria, shall give the necessary directions herein accordingly.

N. G. WISHART,

Acting Clerk of the Executive Council.

### P.A.D.E.G.A.

#### Wage Increase for Hospital Pharmacists

The following amendments have been made to the determination of the Hospital Pharmacists Board. They were effective from the first pay period in July.

A. Chief Pharmaceutical Chemist (in charge of the pharmacy department of a hospital where four or more full-time pharmacists are normally employed):

	Per Week
(i) On appointment	£32 10 0
(ii) After two years	£34 0 0
(iii) After five years	£37 10 0

B. Where two or more full-time pharmacists are normally employed the wage of the Chief Pharmacist is:

	Per Week
(i) On appointment	£30 0 0
(ii) After two years	£32 0 0
(iii) After five years	£35 10 0

C. Where he is the only pharmacist employed:

	Per Week
(i) On appointment	£28 0 0
(ii) After two years	£30 0 0
(iii) After five years	£32 0 0

D. Senior pharmaceutical chemist:

	Per Week
(i) On appointment	£25 0 0
(ii) After two years	£26 0 0
(iii) After five years	£27 0 0

E. Other pharmaceutical chemists:

	Per Week
(i) First year	£23 0 0
(ii) Second year	£24 0 0
(iii) Thereafter	£25 0 0

F. Apprentices:

	Per Week
1st year experience	£4 0 0
2nd year experience	£6 5 0
3rd year experience	£9 0 0
4th year experience	£12 0 0
5th year experience	£15 0 0

Meal allowance has been increased from 3/6 to 5/1.  
Uniform allowance has been increased from 5/- to 7/6 per week.

#### Report

**Wages Board.**—The Hospital Pharmacists' section have submitted a claim to their wages board which has



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**Constructional Division:** Shop fitting—store layout • Display units • Cut-out letters (any material) • Exhibition stands • Window units.

gained them wages and allowances increases. (See above.)

**Correspondence.**—Included inquiries from pharmacists and apprentices about the Guild and its work, applications for membership, inquiries about wages and conditions. Wage problems submitted have been dealt with.

From the Hon. Secretary, Hospital Pharmacists, acknowledging the work of the Guild and offering their support.

From the Government Printer, stating that the Pharmacy Register will not be available for some weeks. Resolved that no action be taken to contact pharmacists until the register is available.

**New pharmacists** who qualified in Victoria have been sent a congratulatory letter which included an invitation for membership.

**Apprentices.**—To further stimulate the interest of apprentices, an article has been prepared to submit to the "Scruple," magazine of pharmacy students in Victoria.

An invitation to join Padega is extended to all pharmacists and apprentices. Write to J. H. Snow, Secretary, 136 Cross street, West Footscray.

## OBITUARY

### Benjamin George Lewis

We regret to announce the death of Mr. Benjamin George Lewis, which occurred in June, 1958. Mr. Lewis was one of the older generation of Victorian chemists. He was apprenticed to the late C. L. M. Bourdic, Melbourne, on March 1, 1893, and he qualified at the Victorian final examination in 1898. After qualification, Mr. Lewis was a demonstrator and lecturer at the College of Pharmacy. He subsequently purchased a pharmacy in Church street, Middle Brighton (1904), which he later disposed of, and purchased Bourdic's Pharmacy in Spencer street, Melbourne. He retired in 1935 for health reasons.

### Isabel Unity Hespe

The death of Miss Unie Hespe on July 26 came as a very great shock to her many friends in pharmacy.

She was apprenticed to A. R. Bain & Co., of St. Kilda, and after qualifying was registered in April, 1929.

For nearly 20 years Miss Hespe conducted her own pharmacy in Elwood, and six years ago purchased the pharmacy of Mr. L. G. Woolcock in High Street, St. Kilda, which, at the time of her death, she was conducting in partnership with Mr. M. Kennedy.

She was a foundation member of the Women Pharmaceutical Chemists' Association of Victoria, of which she became Vice-President, later serving several terms as President.

She was also a foundation member of the Victorian Catholic Pharmacists' Guild, becoming Vice-President and later Secretary of that Association. After Requiem Mass at the Church of the Holy Cross, South Caulfield, on July 29, she was buried at the Cheltenham Cemetery.

In a special tribute, Mrs. Pauline A. Crawford, a member of the Council of the Pharmaceutical Society of Victoria, said: "Miss Unie Hespe was a very wonderful person. In the 15 years that I was secretary of the Women Chemists' Association we were closely associated. She was one of those stalwarts among our women pharmacists who sacrificed so much time and effort during the Second World War to assist the Red Cross in the training of anti-gas personnel. I do not recollect ever calling on her services in vain. Her death has left me with a deep sense of personal loss."

### George William Tait

It is with regret that we announce the death of Mr. George William Tait at his home, 125 Woodland street, Essendon, on July 24.

Mr. Tait was apprenticed to A. M. Palmer & Co., of Ballarat, qualified at the Final Qualifying Examination in June, 1917, and conducted a pharmacy at Ascot Vale for many years.

## VICTORIA—Continued

Apart from taking an active interest in pharmaceutical affairs, Mr. Tait was associated with many civic movements and generously gave of his time. For nine years he represented the Ascot Vale Ward in the Essendon Council, and was Mayor of Essendon for two consecutive years, 1943-1945. He was Chairman of the Provisional Committee of the Essendon and District Hospital and was esteemed by all sections of the community.

Mr. Tait enlisted in the First World War and became a Sergeant Dispenser in the 8th S.T.A.M.S. (hospital ships and transports). His wartime experiences took him to North-West Canada and Alaska, close to the Arctic regions, and he has related some of these experiences to his friends.

The "Essendon Gazette" of July 31 says of him: "There are many people still living in Ascot Vale who recall with deep gratitude, during the depression years, when Mr. Tait, recognising their need and lack of money, provided them with medicine without charge."

Mr. Tait was a keen Rotarian and occupied a position on the board of directors of his club. He is survived by a widow and four sons, one of whom, George, is a registered pharmaceutical chemist. To his family we extend our sincere sympathy.

### William David Nicholas

We deeply regret to announce the death of Mr. William David Nicholas, who died at "Andra House," New street, Brighton, on July 16. Mr. Nicholas qualified at the Final Examination on June 15, 1905.

## PHARMACY BOARD

### Monthly Meeting

The Pharmacy Board of Victoria met at 360 Swanston street, Melbourne, on August 13, at 9.30 a.m.

**Present.**—Mr. W. R. Iliffe (President) in the Chair, Messrs. S. J. Baird, H. A. Braithwaite, A. W. Callister, N. C. Manning, K. E. Hartley, W. Wishart, F. C. Kent (Registrar), T. G. Allen (Minutes Secretary) and R. H. Borowski (Deputy Registrar).

**Visitor.**—Mr. A. W. McGibbony, a former member of the Board, was present by invitation during part of the meeting and was welcomed by the President and members.

**Correspondence.**—Correspondence dealt with included the following:—

To two distributors of methylated spirit, requesting that supplies sent out in containers not complying with the Regulations be withdrawn.

To the Department of Health, forwarding copy of Annual Report of the Board for 1957.

To the editor of a suburban newspaper, drawing attention to a statement in a foreign language suggesting that drugs, including Specified Drugs, be obtained for medicine chests.

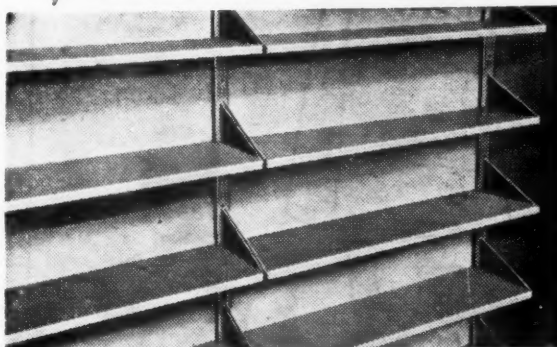
From a country chemist, seeking permission to store a quantity of Hydrocyanic Acid in the Dangerous Drugs cupboard. It was resolved that a letter of reply be sent, intimating that this could not be done legally under the Regulations and that chemists were advised to have a separate locked cupboard for storage of dangerous poisons.

From the Health Department, forwarding copy of Consolidated Poisons Bill for checking.

From Broderick McKinnon Pty. Ltd., reporting alleged

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substitution of other brands when their product Mepho Barbitol was prescribed. It was resolved that publicity be given to the report.

To the Department of Labour, requesting that consideration be given to introducing a Bill to amend the Labour and Industry Act relating to apprentices as previously requested by the Board.

The correspondence submitted was formally received.

**Formal Business** dealt with included the following:—

**Applications for Registration.**—Frewen, Marie Frances, (Mrs. Slavin) and Hall, Alan Beaumont (Final Exam. Victoria), Snyder, Marcus, (Ph. Bd. N.S.W.).

**Erasure of Names from Register.**—Gear, Walter Compton, deceased 19/7/1958; McDonald, Robert Keith, deceased 20/7/1958; Macfarlane, George, deceased 2/7/1958; Hespe, Isabel Unity, deceased 26/7/1958; Tait, George William, deceased 24/7/1958; Williams, Margaret Georgina, deceased 23/7/1958; Nicholas, William David, deceased 16/7/1958.

**Managers and Relievers Notified.**—38.

**Business Changes Notified.**—Three.

**New Pharmacy Opened.**—One.

**Pharmacies Changed Hands.**—Six.

**Apprenticeship Indentures Registered.**—Eight.

**Apprenticeship Indentures Transferred.**—Three.

**Apprenticeship Indenture Suspended.**—One.

**Certificates of Exemption Issued.**—Six.

**Certificates of Identity Issued.**—Eight.

**Opium Permits Issued.**—Five.

**Permits to Purchase Cyanide Issued.**—Two.

**Licences as a General Dealer in Poisons Issued.**—Six.

**Licences to Sell Poisonous Substances Issued.**—23.

**Early Entries November Final Examination.**—11.

**Licences for Hospitals to Possess Dangerous Drugs.**—Four.

**Police Reports re Poisonings.**—Bromvaletone, 1 fatal; Barbiturate, 1 fatal; Acid Hydrocyan, 1 fatal.

**Deputation from Victorian Dairyfarmers' Association.**

A deputation from the Victorian Dairyfarmers' Association waited on the Board at 10.30 a.m. and put before the Board the views of their Association relating to supplies of antibiotics and other controlled drugs for veterinary purposes.

The Board thanked the two gentlemen for attending and indicated that the suggestions put forward would receive careful consideration.

**Pharmacists Before the Board.**—Two pharmacists appeared before the Board to offer explanation and furnish information concerning matters for which they had been reprimanded by the Commonwealth Minister of Health.

Another suburban pharmacist who was absent from his pharmacy when an Inspector from the Board visited it was also in attendance in response to a request from the Board.

After hearing the explanations given, the President, on behalf of the Board, admonished the persons concerned and intimated that should they be called before the Board again, the breaches disclosed in this instance might be introduced in evidence and could have serious consequences for them.

**Final Examination.**—Arrangements for the August/September Final Examination were discussed and finalised.

**Poisons Schedules Advisory Panel.**—A report of a meeting of the Poisons Schedules Advisory Panel held on August 5 was presented by the Chairman of the Panel, Mr. H. A. Braithwaite.

The various recommendations of the Panel were considered and adopted.

**Financial.**—The Hon. Treasurer submitted the monthly financial statement, and accounts totalling £1009/18/5 were passed for payment.

The meeting then terminated.



## VICTORIA—Continued

### PHARMACEUTICAL SOCIETY

#### Council Meeting

The Council of the Pharmaceutical Society of Victoria met at 360 Swanston street, Melbourne, on August 6, at 9.30 a.m.

**Present:** Mr. E. Scott (President) in the Chair, Mrs. P. A. Crawford, Messrs. S. J. Baird, A. G. Davis, F. W. Johnson, L. Long, C. N. McLeod, J. R. Oxley, K. Ramsay, C. P. A. Taylor, the Secretary, the Minutes Secretary, and the Assistant Secretary.

**Lectures on the B.P. 1958.**—The President reported that the lecturers had agreed to provide copies of the lectures, and that the Board of Management of the Journal had consented to publish them. The first lecture to be published would appear in the July Journal. Arrangements were being made to hold the type so that if there was a demand later the lectures could be published in booklet form.

**Church Services for Jewish Members.**—The Secretary reported that Mr. H. Rockman and Mr. H. I. Michael were conferring on the proposal, and would advise the Council of the progress made. The suggestion had been favourably received.

**Correspondence.**—The correspondence dealt with included the following:—

From Miss D. Smith, thanking the Council for electing her an Honorary Life Member.

To Mrs. W. Gear, Mrs. R. K. McDonald, Mrs. P. W. Symons, Mr. J. D. Collie and Mr. H. W. Dawson, conveying sympathy in recent bereavements.

To Mrs. A. Sutherland, thanking her for donation of book to library.

To Dr. Gershon, Physiology Department, University of Melbourne, expressing thanks for his interest in delivering a course of lectures on Pharmacology to Fourth Year students.

From Mr. G. H. Williams, conveying good wishes to members of the Council.

From Pharmaceutical Defence Limited, forwarding note from "The Prescriber" concerning the writing of prescriptions by doctors, and suggesting this as a topic for discussion at a meeting of the Medico-Pharmaceutical Liaison Committee. Noted.

From a chemist, inquiring re correct procedure when customer presents bottle bearing label of another pharmacy with request for repeat. Advised that the procedure would depend upon circumstances. Unless inconvenience or hardship would result, customer should be referred to the original dispenser.

From the Australasian Pharmaceutical Publishing Company Limited, forwarding annual report for year ended June 30, 1958.

From the Faculty of Medicine, University of Melbourne, seeking nomination of representative of the College of Pharmacy on the Faculty of Medicine for the year 1959. It was resolved that the name of Dr. Byron L. Stanton, the present representative, be submitted.

**New Members.**—The following new members were balloted for and elected:—

**Full Members.**—**New:** Mrs. Patricia Pearl Conway, Mrs. Jocelyn Frances Davies, Mrs. Doris Mary Strachan, Mrs. Marie Frances Slavin, Archibald William Fussell, Philip Arthur Jacobs, John William Mitton, Rosslyn Mitton, Kenneth William Prichard, Pamela Margaret Johnston.

**Transfer from Apprentice Members.**—Maureen Rae Anderson, Noel Margaret Hunter, James Barry Naughton, Antonino Salvatore Pisasale, Arthur Sibel, Noreen Marie Tynan.

**Apprentice Members.**—Salvatore Michael Caleo, Ah Lui Tee, Carmen Theresa Toler.

**Honorary Life Member.**—Mr. R. G. Grano was elected an honorary life member.

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**Library.**—It was resolved that the following books  
be purchased for the Society's Library:—

**Current Trends in Heterocyclic Chemistry.** Edited by  
A. Albert, G. Badger, C. W. Choppee. London. Butter-  
worth Scientific Publications.

**Electricity and Magnetism.** By B. I. Bleaney and B.  
Bleaney. London. Oxford University Press.

**The Tissues of the Body** (4th edition). By W. Le  
Gros Clark. London. Oxford University Press.

**Looking at Chromosomes.** By J. McLeigh and B.  
Snoad. London. Macmillan.

**Clerk of Works.**—The Hon. Treasurer reported that a  
Clerk of Works had been engaged on a weekly basis  
for supervision of construction of new College at the  
Parkville site. It was resolved that the action taken  
be confirmed.

**A.R. Tablets.**—A copy of an agreement under which  
payment of a royalty on sales of A.R. Tablets would  
be payable to the Society was tabled. The Secretary  
said the text of this agreement had been considered  
by the solicitors, and the matter was now in the hands  
of the Society's consulting accountants.

Subject to a satisfactory report from the consultant  
accountants, it was resolved that the agreement be  
signed.

**Staff Social Club.**—The Secretary reported that the  
members of the College staff working in the Swanston  
street building recently met and had expressed a de-  
sire to participate with the members in contributing  
to the Building Fund. This will be done independently  
of the general appeal, as the staff would not be ap-  
proached directly. To date contribution of £800 had  
been promised.

Arising from this meeting was a suggestion that a  
social club be formed from employees working in the  
College and the various organisations in Guild House.  
An interim committee had been appointed.

The Council, on the motion of Mr. Johnson, seconded  
by Mrs. Crawford, resolved that its thanks be conveyed  
to the staff for their offer to contribute for the Build-  
ing Fund, and expressing approval of the formation of  
a social club.

**Trust Deed.**—The Secretary reported that a new  
Trust Deed for the administration of the new Building  
Fund had been prepared, incorporating the alteration  
indicated by the Council at its last meeting. A meet-  
ing of trustees would be held after the Council meet-  
ing that day, when a Chairman of Trustees and other  
office-bearers would be appointed and provision made  
for the opening of a new bank account, etc.

**Financial Appeal.**—Mr. Baird, Chairman of the  
Launching Committee, submitted a brief report on the  
progress of the appeal.

The President said that the appeal about to be  
launched was receiving much favourable comment from  
members. He believed the goal would be attained.

Already one donation of £1500 had been received  
from a member.

Mr. Baird said he thought enthusiasm would increase  
as time went on, and that when the building was com-  
pleted Victorian pharmacy would be able to feel very  
proud of it.

The appeal would be officially opened at the phar-  
macy dinner to be held on August 11.

The President said he had received a communica-  
tion from another member with a cheque for 200  
guineas. This was a spontaneous gesture which was  
very encouraging.

A report on the organisation of the arrangements  
for the dinner was submitted by Mr. Borowski.

**Donation.**—A set of metric weights, handed to him  
by a member of the public, was presented by Mr. John-  
son, and it was resolved that a letter of thanks was to  
be sent to the donor.

**Honorary Fellowships.**—It was resolved that Honorary  
Fellowships of the Society be conferred on Prof. F. H.  
Shaw, Prof. S. D. Rubbo and Mr. W. R. Jewell.

The meeting then terminated.

## VICTORIA—Continued

### THE P.D.L.

### Directors' Meeting

The 404th meeting of the Directors of Pharmaceutical Defence Limited was held at 18 St. Francis street, Melbourne, on August 20, at 9.40 a.m.

**Present.**—Mr. E. W. Braithwaite (in the Chair), Messrs. I. H. Barnes, W. J. Cornell, N. C. Cossar, E. A. O. Moore, J. W. Pollock, and the Secretary.

**Correspondence.**—Formal correspondence was tabled, and the following were amongst the letters dealt with:—

From Mr. N. V. Orr, of Pymble, N.S.W., advising that as he was recovering from a recent sickness he felt it would be better for him not to attempt the journey to Melbourne for the August meeting.

To Mr. G. G. Jewkes, O.B.E., conveying congratulations of the Directors on the inclusion of his name amongst those honoured in the Queen's Birthday Honours list. Letter of thanks received from Mr. Jewkes, who wrote from Fowey, Cornwall, England.

To Mr. H. V. Gear, of Ballarat, expressing sympathy following the death of his brother.

To Mrs. G. E. McDonald, of Sunshine, expressing sympathy and offering assistance following the death of her husband, the late R. K. McDonald, of Sunshine. Letter of thanks received from Mrs. McDonald, who stated that the list of legal and business formalities to be carried out after the proprietor's death was being attended to.

An inquiry was received from a member in another State who was negotiating for the purchase of a pharmacy in Victoria, on a number of points in a proposed lease and in reference to taxation of goodwill.—As two members of the company were affected, the Articles of Association required that both should seek independent legal advice.

From the State Secretary, F.P.S. Guild of Australia (Victorian Branch), thanking P.D.L. for information supplied concerning Lay-by and Hire Purchase, and asking approval to publish the information on Hire Purchase in "Gilseal News." Permission granted. This material had been published in the July issue of "Gilseal News" with an appropriate acknowledgment to P.D.L.

From the Pharmaceutical Society of Queensland, requesting material for the next P.D.L. announcement in the Society's Bulletin. Reply forwarded asking that the first announcement be repeated.

**Pharmaceutical Staffs Association:** The Secretary reported that arrangements were proceeding for the formation of a Pharmaceutical Organisations Staffs Association, those eligible being the staff members engaged at the College of Pharmacy and at "Guild House." A preliminary meeting of staff members at "Guild House" had been held on August 8, and it was likely that social activities would be arranged in due course.

A recent graduate wrote thanking P.D.L. for the booklet "On Going Into Business." He added that the book would be of the utmost value to him.

To Mr. A. C. Marshall, of Geelong, forwarding proposal for the Chemists' Night Service about to be opened at Geelong by a partnership comprising 19 of the chemists of Geelong who were all members of P.D.L.—Chemists' Indemnity insurance cover had since been arranged with Melbourne Fire Office Ltd.

Dealing with the booklet, "On Going Into Business," the Branch Secretary in N.S.W. advised that it had been decided by the Local Board that as the text would have to be altered throughout, the booklet would be printed in Sydney and therefore it would be unnecessary for the type to be held by the printer in Melbourne.

The correspondence was received.

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**New Members Elected.**—Miss Gwenda M. Bethell, Moonee Ponds; Mrs. Dorothy K. Cram, Casterton; Messrs. Aaron D. Black, Malvern; Louis D. Caplan, Hampton; Vincent A. Doquile, Yarraville; Malcolm A. Laird, Fairfield; Donald M. Macdonald, Castlemaine; Daniel L. O'Hearn, Camberwell; William M. Penna, Pascoe Vale South; Ian C. Richards, Camperdown; and John J. Kaufman, Hobart, Tasmania.

**Journal Report.**—Mr. Cossar reported on matters dealt with at the meeting of the Journal Committee of Management on August 11.

The Chairman said he had received a copy of the Annual Report of The Australasian Pharmaceutical Publishing Company Ltd. for the year ended June 30, and he would like to take the opportunity of congratulating Mr. Cossar and the other members of the Committee of Management of the Journal for the wonderful job they had done and were doing.—Mr. Cossar thanked the Chairman for his remarks.

**Legal Advice.**—The Secretary said the query concerning the position of a member who occupied premises that were used both for business purposes and as a dwelling was referred to the P.D.L. solicitor, who advised that in the introductory portion of the Landlord and Tenant Control Act No. 6096, "business premises" were defined as "prescribed premises, not being a dwelling house." In the solicitor's opinion this meant that premises which were business and residence combined would not be decontrolled.

A member forwarded for advice an agreement that had been tendered to him for signature by the proprietors of a car park where he parked his car daily. It appeared that this agreement offered him no protection in the event of his car being stolen from the park or articles taken from the car, which under the terms of the Parking Agreement must be left unlocked in the car park with the ignition keys in the car. The reply from the solicitor was that the proprietors of the car park were entitled to lay down whatever conditions they wished in regard to parking in the park. It was therefore for the member to decide whether those conditions were acceptable to him, and if not to park his car elsewhere.—The Chairman suggested that the member might cover himself against any additional risks in this way by taking out appropriate insurance cover.

**N.H.S. Dispensing.**—The Secretary reported that he had received several inquiries during the month from members who had dispensed test prescriptions and had later received from the Department of Health letters challenging the accuracy of the items dispensed. The position of P.D.L. in such matters, as published in the July issue of the Journal, was explained. One of the members, being confident of the accuracy of her work, had decided to have a check analysis made.

**Articles of Association—re Range of Investments.**—The Secretary summarised the replies received, as follows:—

- Queensland: In favour of all the proposals put forward.
- South Australia: In favour of all the proposals put forward.
- Western Australia: In favour of all the proposals put forward.
- New South Wales: In favour of extending the scope of investments, of limiting the percentage to 40 per cent., of applying the new provisions only to new money received and to the proceeds of existing investments as they matured; but opposed to the investment of funds in real estate, as the Local Board was of the opinion that P.D.L. funds should always be held in an easily liquid state.

In the course of discussion on the objection raised by the New South Wales Local Board to investment in real estate, the following points were made: There was no present intention of using the power, but special opportunities might arise at some future time, and it



## VICTORIA—Continued

would be desirable, to save a separate approach to the members at a later date, to take the power as part of the alterations to be put forward this year. Furthermore, before any investment of special reserve funds was made, it would be necessary to obtain the approval of the Federal Council of P.D.L.

It was resolved that appropriate draft alterations of the Articles of Association to extend the range of investments, including investment in real estate, be prepared and submitted to the Directors at the September meeting.

**Financial.**—The Hon. Treasurer presented the monthly financial statement, and accounts totalling £488/12/9 were passed for payment.

**"Impact" Insurance.**—Arising out of a member's experience when a car crashed into her front window, the Chairman said he had learnt from Melbourne Fire Office Ltd. that insurance against what was known as "Impact" damage could be obtained as an addition to a normal fire policy. The extra premium required for this cover was nominal.

The meeting closed at 1.35 p.m.

### THE GUILD

### S.B.C. Meeting

The State Branch Committee of the Victorian Branch of the Guild met at "Guild House," 18 St. Francis street, Melbourne, on August 5, at 8 p.m.

**Present.**—Mr. N. F. Keith (President), Messrs. F. H. Bedford, K. L. C. Davies, J. W. D. Crowley, W. R. Iliffe, A. K. Lloyd, I. A. Silverwood, H. C. B. Henshall, A. O. C. Blake, C. M. Waters, J. K. Gosstray, J. F. Oaten, F. L. Flint, S. M. Adams, J. D. Clarke, G. W. Siebler, M. J. Miles, J. A. McLennan, B. N. Smith, J. T. DeRavin, Miss R. McGillivray and the Secretary.

**New Members.**—The Chairman extended a welcome to Mr. J. T. DeRavin and Mr. B. N. Smith.

**Delegate, District No. 13.**—Mr. H. Marks, of Bendigo, was elected as a member of the S.B.C. for the unexpired portion of the late J. J. Cocking's term, and Mr. B. N. Smith was elected substitute delegate.

**Resignation of Mr. W. R. Iliffe.**—A letter from Mr. Iliffe submitting his resignation from the Committee was read. Mr. Lloyd commented that he regretted that Mr. Iliffe's resignation was necessary, as he had been a member of the S.B.C. for twenty-four years and his advice was invaluable. Mr. Blake supported this statement. After Mr. Iliffe had stated that he regretted that it was impossible for him to reconsider his decision, Mr. Lloyd moved that Mr. Iliffe's resignation be accepted with the greatest regret. Mr. Davies seconded this motion with a statement of appreciation of Mr. Iliffe's work. The motion was supported by Mr. Adams, and carried.

Mr. Keith referred to Mr. Flint's six years with the Committee in pointing out that in this time he had missed only three meetings, that his association with the Committee had been cordial and that he would be greatly missed.

**Minister of Health.**—Mr. Bedford moved that the Minister be approached on a fact finding basis and that a report come back to the Committee. The motion was seconded by Mr. Lloyd, and carried.

**Distribution of Samples to Doctors.**—A letter to be forwarded to the Pharmacy Board on this matter, with a view to discouraging the practice.

**"Made in Australia" Council.**—It was decided that Guild policy be to co-operate with this Council in its "Made-in-Australia" Week.

**Public Relations Secretariat.**—Copy of a Sydney newspaper, "The Daily Mirror," forwarded under cover of a

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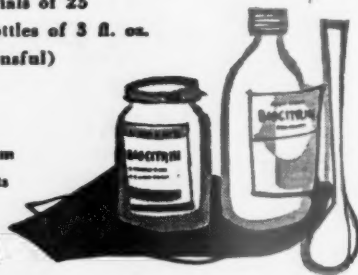
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letter, containing a special section, "Know Your Chemist," was tabled and inspected by members present.

**Federal Report.**—In the absence of the Federal President, Mr. Keith reported on the result of negotiations with the Federal Health Department, Canberra. It was decided that the State Executive be empowered to call a special committee meeting, if necessary, on any N.H.S. matter which might arise.

He also reported that Mr. Scott and Mr. Attiwill's trip through Queensland was successful. Members who attended meetings expressed unanimous support for the Publicity Merchandising Plan.

The Federal Report was received.

**Returning Officer's Report.**—Mr. Henshall (Returning Officer) reported that the following nominations were received for the offices shown. As only one nomination was received for each position a ballot was not necessary:

Office of State President: Mr. Norman F. Keith.

Office of Vice-Presidents (two): Mr. F. H. Bedford and Mr. K. L. C. Davies.

Office of Treasurer: Mr. J. W. D. Crowley.

Delegate to Federal Council: Mr. Eric Scott.

Second Delegate to Federal Council: Mr. N. F. Keith.

Substitute Delegate to Federal Council: Mr. K. L. C. Davies.

The Returning Officer declared the above-named members elected. Mr. Keith thanked Mr. Henshall for his services as Returning Officer.

**Executive Report.**—The Executive Report for July was received on the motion of Mr. Iliffe, seconded by Mr. Silverwood. Discussion of the staff training paragraph resulted in an amendment by Mr. Lloyd that this be referred back to the Executive to be considered in conjunction with the Publicity and Merchandising Fund. The amendment was seconded by Mr. Blake and carried, and this became the motion which was then carried.

**P.A.T.A. Report.**—The position regarding supplies of P.A.T.A. lines to non-accredited wholesalers was outlined and the opinion expressed that these should be kept on P.A.T.A. rather than control be lost. It was stated the solution appeared to be an approach to manufacturers to supply only accredited wholesalers. It was suggested that P.A.T.A. should approach those wholesalers who are not accredited and being supplied with P.A.T.A. lines asking that they apply for accreditation.

**Trade and Commerce Report.**—Mr. Iliffe reported that the Federal Conference was held on August 4 and 5, and that the following were amongst the decisions reached:

**List of C.O. Lines.**—This was submitted, but there will be difficulty in publishing it.

**Price Tickets.**—States not interested.

**"Gilseal" Hot Water Bags.**—Not interested in a cheap line.

**Medallion Cough Mixture.**—The letter from the Federal Merchandising Department was read regarding the method of advertising on television. It was agreed that a letter of commendation be forwarded.

**Lodge Report.**—Mr. Gosstray reported that he had attended a meeting at Frankston and discussed contract dispensing. The Frankston chemists had agreed to contact him after they had been in touch with the local lodge secretaries.

**Pricing Committee Report.**—Mr. Keith presented the report, which was adopted.

**Publicity and Merchandising Report.**—Mr. Keith reported that the latest information was included in "Gilseal News," that negotiations were continuing for a TV programme. He reported on the Bendigo meeting, advising that the Bendigo district chemists had now agreed to co-operate, adding that the advertising agency was preparing information for Mildura chemists along the

## VICTORIA—Continued

same lines as submitted in Bendigo. A third letter had been sent to members who had not yet sent in their authority, and letters received as a result of this had been answered by him personally.

**New Members Elected.**—Messrs. L. D. Caplan, Hampton; D. T. Davis, Greensborough; M. Snyder, Balwyn; W. M. Penna, North Coburg; I. C. Richards, Camperdown; Chemists Night Service, Geelong; D. MacDonald and B. N. Smith, Castlemaine and Mr. and Mrs. D. C. and M. P. Matthews, Auburn.

**Branch Recorded.**—Mr. and Mrs. P. F. and D. K. Cram, Merino.

**District Reports** were presented and dealt with as follows:—

**District No. 4.—Gift Packs:** The suggestion that gift packs of Ipana and Ingrams be prepared is to be forwarded to the Merchandising Service.

**Labelling.**—It was decided to publish in "Gilseal News" the Board's reply to our letter, when received. It was suggested that a cut-out on cartons would allow the application of the required label to the interior containers.

**Pricing Cards.**—The district is in favour of this, provided the prices are adjustable.

**Special Propositions.**—Mr. Crowley elaborated on several advertising proposals which had not turned out as expected and Mr. Blake agreed to write an article about this for "Gilseal News."

**District No. 3.—Dispensing Technique:** It was decided that the Pricing Committee give a ruling on dispensing techniques for ethicals.

**Wages Determination.**—It was decided that the Relievers Section of the Wages Determination be published in "Gilseal News" and forwarded to the Journal.

**Accidental Poisoning.**—The recommendation that a committee be formed to give advice on this subject was not pressed as this matter is in the hands of the State Health Department.

**District No. 6.—Group Buying:** A remit from this District concerning Group Laboratories resulted in an agreement that this company's lines are available through certain wholesalers.

**District No. 14.—Wastage Factor on Sulpha Tabs.**—The remit on this subject was not put as the matter has now been resolved.

**District No. 23.—Lactogen:** The question as to how Lactogen can be purchased by chemists at a more competitive price was referred to the Trade and Commerce Committee.

**Despatching by Rail.**—A remit on this subject was held over as no specific instances were given.

**D.D. Fees.**—The District reported that it would support any move that would increase the D.D. fee.

**N.H.S. Items Not Available.**—It was decided to request that Achromisin-V Suspension be not actively detailed as an N.H.S. item when supplies are not available.

**District No. 19.—H.B.A. Commission:** The District reported that it is in favour of the H.B.A. rate.

**Delegate, No. 10 District.**—Mr. R. Grinlington was nominated by Mr. Iliffe to fill the vacancy caused by Mr. Iliffe's resignation for the remainder of Mr. Iliffe's term. As no other nomination was received he was declared elected.

**Gilseal Company Director.**—On Mr. Iliffe's motion, seconded by Mr. Henshall, Mr. F. H. Bedford was appointed a director of Gilseal Company.

**Sub-Delegate, No. 8 District.**—Mr. E. J. VanGelder was appointed.

The meeting closed at midnight.



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SYDNEY AUSTRALIA

# QUEENSLAND

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in Queensland, Miss D. Brighthouse, 'phone B 8407.

**Mr. E. V. Grove** is opening a pharmacy at Blackall, making the second in the town.

Oxley avenue, Redcliffe, has been chosen by **Mr. N. G. Dickson** for the opening of his pharmacy.

**Mr. P. B. Costiff** is opening a pharmacy at Blinzingers road, Banyo.

**Mr. A. J. Nucifora**, who has been in business at Ingham for a number of years, has sold his pharmacy to **Mr. R. L. Cantatore**.

**Talk on Beauty Treatment.**—Miss Siddons, B.Sc., a beauty executive, will give a lecture to chemists and their staff in Brisbane at the Guild Rooms, Drysdale Chambers, 4 Wickham street, Brisbane, on Tuesday, September 16, at 8 p.m. Miss Siddons will also be guest speaker at the Women Pharmaceutical Chemists' monthly meeting to be held on September 18.

### GUILD ANNUAL MEETING

The 30th annual meeting of Queensland Branch of Guild was held at Drysdale Chambers, Brisbane, on August 19, when there was a good attendance of members.

The annual report, which had been circularised, reported very fully on the year's workings. It is pleasing to report that with the opening of new pharmacies Guild membership continues to grow. Membership of this Branch at June 30 totalled 465, including one honorary member.

### PHARMACEUTICAL SOCIETY ANNUAL MEETING

The 78th annual meeting of the Pharmaceutical Society of Queensland will be held at Drysdale Chambers, 4 Wickham street, Brisbane, on Tuesday, September 9, when the guest speaker will be **Mr. A. M. Grant-Taylor**, who attended the Civil Defence School held at Macedon, Victoria, early in June.

At this meeting the Council is unanimously recommending that honorary life membership be conferred on **Mr. R. S. F. Greig**, in appreciation of his services to the Council and the Society—both as President and Councillor—for many years.

### FINAL EXAMINATION RESULTS

Thirty candidates were successful at the Pharmacy Board's final examination held in June. They were:

Misses **D. R. F. Allen**, **J. E. Barnes**, **J. M. Fraser**, **N. G. Jones**, **V. Ostwald**, **M. A. Kelly**, **K. E. Lee**, **J. A. Sheppard**, **H. J. Summerson**, **S. Woxen**.

Messrs. **C. D. Blume**, **L. R. Cadzow**, **N. V. Casey**, **K. Crappe**, **G. C. Eberhardt**, **J. D. Grayson**, **K. R. Horne**, **J. N. Hosking**, **R. G. Kalaf**, **A. M. Main**, **W. J. Menzies**, **R. A. O'Toole**, **A. S. Ponting**, **D. J. Robinson**, **K. C. Rush**, **J. G. Taylor**, **K. S. Taylor**, **R. P. Whyte**, **W. A. Williams**, **G. E. Wruck**.

To them we offer congratulations and very best wishes for the future.

Posts were granted to the following:—Miss **D. A. Fraser**, Miss **C. A. Ferguson**, Miss **J. Neylan**, Miss **C. Ritchie**, Miss **R. Volker**, Messrs. **T. R. Park**, **P. R. Connors**, **T. J. Yule**, **K. P. Heenan**, **J. O. Pritchard**, **R. C. Rao**.

### PROPOSED ESTABLISHMENT OF NORTH COAST ZONE

Due to the enthusiasm and assistance of **Mr. W. J. Burnett**, of Maleny, arrangements have been finalised for a meeting of Guild members from Caboolture to Cooroy, with the object of establishing a North Coast Guild Zone.

The meeting will be held at the Hotel Caloundra on September 1.

Members of the Guild State Branch Committee will also be present to assist in the establishment of the zone in this area.

## PHARMACEUTICAL SOCIETY

## Council Meeting

The Council of the Pharmaceutical Society of Queensland met at Drysdale Chambers, 4 Wickham street, Brisbane, on June 12.

**Attendance.**—**Mr. L. A. Stevens** (President), Misses **E. Chalmers** and **G. Elliot**, Messrs. **G. R. Wells**, **A. B. Gainford**, **C. Caswell**, **R. V. S. Martin**, **B. Page**, **J. E. McCaskie**, **J. S. D. Mellick**, and the Secretary.

**Correspondence.**—To Pharmaceutical Association of Australia, forwarding recommendations of the local A.P.F. Revision Committee concerning the next edition of the A.P.F.—Reply noting the comments and advising they have been circularised to the other States.

From a member, concerning reciprocity between the various States and Great Britain if the Pharmacy Course is taken to the University and the standard of entrance raised.—After discussion, it was agreed that the member be thanked for drawing attention to this matter, and he be advised that his views will be kept in mind when the question of reciprocity is discussed in future.

From a member, forwarding copy of advertisement wherein a pharmacist was advertising "prescriptions accurately dispensed".—After discussion, it was agreed that the Editor be asked to include an article to cover this matter in a subsequent issue of the Bulletin.

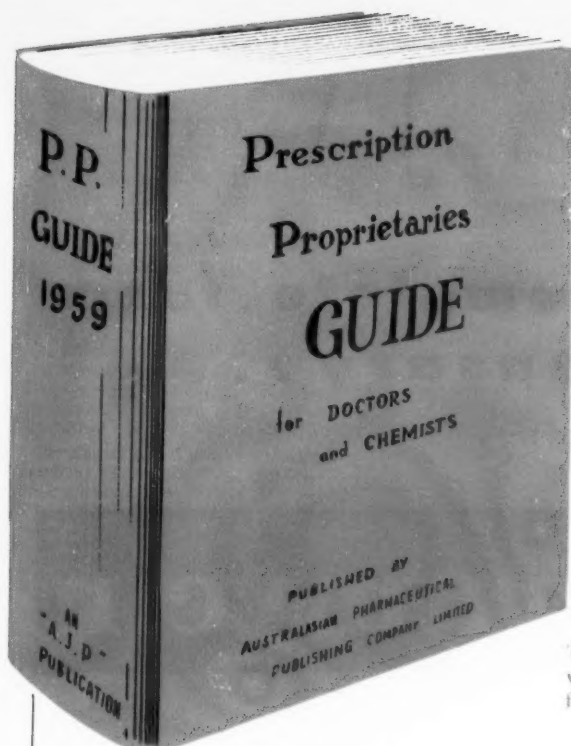
From Queensland Multiple Sclerosis Society, forwarding copy of pamphlet which the Society is aiming to distribute through pharmacies in Queensland.—It was agreed that this Council considers it is a matter for the individual pharmacist to give it his attention if he feels it necessary.

N.S.W. Society Digest for May. Noted.

From B.C.N. Agencies Pty. Ltd., with regard to the publications required for the Fellowship Course. Stating they could indent the books, but they are unable to give any indication of the cost at this stage.—**Mr. McCaskie** moved that the Secretary communicate with the Pharmaceutical Society of Great Britain, to see if these publications are available through the Society, and the approximate cost of same, before a firm order is placed. Seconded by Miss Chalmers. Carried.

The Government Gazette of May 29 announcing that the British Pharmacopoeia 1958 will have force in Queensland on and after December 1, 1958, was tabled.





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## QUEENSLAND—Continued

From Messrs. W. E. Martin and N. J. McDermott, furnishing lists of pharmacists who served in the Army during the 1939-1945 war.

### New Members Elected—

**Full Members:** Messrs. R. S. Conn, Brisbane; W. F. Hile, Pialba; J. F. Pirnie, Camp Hill; J. L. B. Keane, The Valley; W. P. Webb, Yeronga; N. C. Cossar, Melbourne.

**Associates:** Messrs. A. Lazaredes and J. L. Jerrard.

### General Business—

**Retiring Councillors.**—The Secretary reported that the Councillors retiring this year would be Messrs. R. V. S. Martin, F. M. Woods, L. A. Stevens and I. M. Young.

**Death of the First President of the Women Pharmaceutical Chemists' Federation.**—Miss Chalmers reported that during the month the death had taken place in Victoria of the first President of the Women Pharmacists' Federation, Miss Freda Smalley, and she felt it would be fitting if the condolence of this Council was conveyed to the present President of the Women Pharmaceutical Chemists. Seconded by Miss Elliot. Carried.

**Year Book.**—Miss Elliot suggested that the Council could produce a Year Book to coincide with the Centenary Year of the State, which would be 1959. Miss Elliot submitted a quotation she had obtained from a printer for the printing of the proposed Year Book, similar to previous editions which had been presented.

Mr. Mellick said at this juncture he would recommend that the Minutes of the Liaison Committee should be read. To tie in with the Centenary of the State they would want to bring out a very good edition of the Year Book. He thought that perhaps the Society could seek the assistance of the Guild, and between the two bodies a very good book could be produced, dealing with Pharmacy in Queensland. Possibly a Centenary Year Book could be produced. He thought that a Sub-Committee should be appointed to investigate the whole matter, and he said he would be happy to be one of the members of the Sub-Committee.

Other members of the Council endorsed the views expressed by Mr. Mellick, and after consideration it was agreed that Miss Elliot, Mr. Mellick and Mr. Gainford be a Sub-Committee (with power to co-opt) to investigate the possibility of a Centenary Year Book. It was agreed that Miss Elliot be appointed convenor of the Sub-Committee.

**Fellowship Course.**—Mr. Page said quite a lot of questions were being asked concerning the Fellowship Course, and he wondered if the position could be clarified, possibly per medium of the Society Bulletin.

Mr. Mellick commended this suggestion and moved that the matter be discussed between Mr. Page and the Editor of the Bulletin, Mr. Young, with a view to having these queries clarified and mentioned in the Bulletin. Seconded by Mr. Wells. Carried.

The meeting closed at 11.45 p.m.

## AUGUST MEETING OF THE COUNCIL

The Council of the Pharmaceutical Society of Queensland met at Drysdale's Chambers, 4 Wickham Street, Brisbane, on August 14, at 8 p.m.

**Attendance.**—Mr. L. A. Stevens (President), Misses E. F. Chalmers, G. Elliot, Messrs. G. R. Wells, R. V. S. Martin, I. M. Young, C. G. Caswell and the Secretary.

**Correspondence.**—To Pharmaceutical Association of Australia, advising that members of the Council felt that two gallons per month was not an excessive quantity of rectified spirit per pharmacy per month. However, if the Department deemed it necessary to reduce the quantity, the Council recommended that it do so on a yearly basis, rather than per month.

To Mr. G. E. Bourke, regretting that he will be unable to represent this Society at Section "O" Meeting, on account of family illness. Conveying the Council's best wishes for an early restoration to health.—Letter of thanks received.

To Mr. A. M. Grant-Taylor, who attended the Civil Defence School at Macedon in June, inviting him to be guest speaker at the annual meeting of the Society on September 9. In accepting, Mr. Grant-Taylor stated that he would speak on "Some of the Problems of Civil Defence."

To Mr. R. S. F. Greig, advising with pleasure that the Council has unanimously decided to confer on him at the annual meeting to be held on September 9, honorary life membership in appreciation of his services to the Council and the Society.

From Pharmacy Board, Queensland, furnishing list of results of the Board's final examination held in June.—The Secretary reported having sent letters of congratulation to Associate Members who were successful.

From Messrs. R. G. Groom & Co., Accountants and Auditors, advising that by mutual agreement it has been decided that as from August 1 the present partners will practise in two separate firms. It is the desire of the partners that the Pharmaceutical Society works be under the care of Peden, Lavis & Co. Resolved that Peden, Lavis & Co. be appointed Auditors to the Society.

The Annual Report of the Australasian Pharmaceutical Publishing Co. Ltd. was tabled. The Secretary reported that Mr. Greig telephoned, advising that he is still Queensland representative to the publishing company. He will be happy to continue as such, but as he is not now a Council member, he would be willing to retire in favour of a member of the Council. Members of the Council resolved they would be happy if Mr. Greig continued to represent this Society on the local board of the publishing company.

From Manchester Unity, advising that this organisation has introduced a Pharmaceutical Fund, which seeks to offer a benefit to all those subscribers to the sick and funeral, medical and hospital funds, who are not at present catered for under local agreements with chemists. Forwarding copy of application form, upon which is also printed brief rules concerning the operation of the fund.

### New Members Elected.—

**Full Member.**—Mr. A. P. Quinn, Stafford.

**Associate.**—Mr. C. R. C. Rao, Kelvin Grove.

**Reports** on the "A.J.P." and other publications were presented by Miss Chalmers, Miss Elliot and Mr. Caswell.

**Pharmacy Board.**—Mr. Martin reported on items requiring the Board's attention during the month.

**Centenary of Mr. Greig, Senior.**—Miss Chalmers reported that Mr. Greig's father would be celebrating his 100th birthday on August 28, and she thought it would be very fitting if a telegram of congratulations and good wishes was sent to Mr. Greig, Senior. Other members of the Council endorsed Miss Chalmers' suggestion, and the Secretary was requested to take the necessary action.

**Year Book.**—Miss Elliot said at the last meeting it had been agreed that the Society produce a Hand Book or Year Book to coincide with the Centenary Year of the State in 1959. Time was pressing on, and she felt that the sub-committee would have to meet to give consideration to proposed articles.

Mr. Stevens recommended that the proposed Year Book contain at least one historical article. He also urged that the sub-committee meet, if possible, before the next Council meeting, so that it could draft its proposals and recommendations for consideration by the Council as soon as possible.

The meeting closed at 11 p.m.

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Carbohydrates	70%
Cellulose	0.9%
Sodium	0.722%
Iron (as Fe)	11 mgms. per oz.
Moisture when packed	5.3%

### VITAMIN ANALYSIS

Vitamin A	75 I.U. per oz.
Thiamin	1.09 mgm. per oz.
Riboflavin	0.43 " " "
Niacin	7.40 " " "
Pyridoxine	10 " " "
Choline	25 " " "
Inositol	10 " " "
Vitamin E	4 " " "

**Unsaturated Essential Fatty Acids.** Enertone Adult Formula contains 6.5% of Linolenic and Lenoleic Fatty Acids, and is **Cholesterol Free.**

### SPECIFIC THERAPEUTIC INDICATIONS

All Semi-Liquid Diets (as a thin gruel), Gastric and Duodenal Ulcers, Liver Disorders, Low Sodium Diets, Cardiac and Circulatory conditions, Gastro-Enteritis, Hepatitis, Under-developed children over 15 months, All patients recovering Physical Depletion after illness, of Special Value in Geriatrics. Where often many of the above conditions are combined in mild forms.

ENERTONE—ADULT FORMULA has many appetising uses. They are—As a thin gruel for Semi-Liquid Diets and as a between meal beverage. Porridge, Boiled Custards, Baked Custards, or Blanc Mange—Recipes in every packet. This variety of Special dishes is a real boon to those on restricted diets, while the appetising flavour is appreciated too.

**PACKINGS.** 8 oz. packets 1/9, 24 oz. packets 4/6, available from all Wholesale Drug Houses.

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## QUEENSLAND—Continued

### THE GUILD

S.B.C.  
Meeting

The State Branch Committee of the Queensland Branch of the Guild met at Drysdale Chambers, 4 Wickham street, Brisbane, on August 7, at 8 p.m.

**Attendance.**—Mr. W. A. Lenehan (President), Messrs. C. A. Nichol, W. E. Martin, F. H. Phillips, A. Bell, R. M. Ward, A. M. McFarlane, A. B. Chater, L. W. Huxham, J. Delahunty, H. Darrouzet, A. W. Eberhardt and the Secretary.

**Taxation Deduction Cards.**—The Secretary submitted the three quotations she had received for printing 15,000 and 20,000 Taxation Deduction Cards for Guild members. After consideration, it was agreed that the quotation of Normanby Press be accepted.

Mr. Chater moved that the wording and general layout of the cards be left in the hands of the Trade and Commerce Committee; also that this Committee be instructed to send out a questionnaire and order form quoting the cards at so much per hundred. Seconded by Mr. Martin. Carried.

**Financial.**—The statement for the month of July showed a credit balance of £3695/16/7. Accounts amounting to £823/6/9 were passed for payment.

The Treasurer reported that subscriptions had been coming to hand very well. He also tabled the audited accounts for the past year.

**New Members Elected.**—Messrs. A. I. Young, Home Hill; E. V. Grove, Blackall; N. G. Dickson, Redcliffe and R. L. Cantatore, Ingham.

**Branch Recording.**—Mr. H. M. Samuel, Surfers' Paradise.

**Correspondence.**—To Federal Secretary, referring to the brochure issued by the Commonwealth Health Department, which became operative as from July 1. Pointing out that the Government had re-introduced new reduced maximum quantities without method of pricing for certain tablets, particularly sulpha tablets. Protesting on behalf of Queensland at the principle adopted by the Government in re-introducing new reduced maximum quantities without any method of pricing when introduced.

To Mr. L. Hall, stating members of the Committee were sorry to learn that he was desirous of retiring from the Committee. Advising his resignation has been accepted with regret, and thanking him for his services as a Committee member.

From T. & G. Mutual Life Assurance Society, with regard to extension of age limit under the Group Sickness and Accident Policy for members of the Guild. Advising the matter has been referred to head office, and it has been decided that, although the claims experience under the scheme is as high as the scheme will stand, the Society is prepared to increase the upper age limit from 60 years to 62 years.

From Miss Siddons, B.Sc., Beauty Executive, expressing her desire to give a lecture to members of the Guild and their staffs, and advising that Tuesday, September 16, would be a suitable date. Resolved that arrangements be made.

From Pharmaceutical Association of Australia, attaching copy of communication received from the Department of Customs and Excise. At present chemists are allowed supplies of two gallons of rectified spirit per month. On examination it was found that by far the majority of chemists purchased in quantities of one gallon or less per month. In some instances spirit was being resold by chemists and subsequently used for illicit purposes. Whilst not intending to create any hardship, it is felt that the maximum quantity per month could well be reduced to one gallon. Members said they felt that two gallons of rectified spirit was a reasonable quantity per month, and a letter should be sent to the Association, advising that this Branch was anxious that the quota of two gallons of rectified spirit



each month be retained as a reasonable quantity.

The Annual Report of the Australasian Pharmaceutical Publishing Company Ltd. was tabled. Mr. McFarlane, as Guild Representative on the Local Board of the Publishing Company, advised that the Journal was experiencing difficulty in obtaining items of interest for the Applied Pharmaceutics Section. This section was dependent upon problems based on actual difficulties or experiences in the pharmacy. Mr. McFarlane said members of the Local Board had been asked to stimulate interest in this section, and he thought it might be advantageous if Guild members who had any problems concerning applied pharmaceutics submitted them as speedily as possible to the Journal, where their problems would be clarified.

**Guild Delegate to the Chamber of Commerce.**—Resolved that Mr. Delahunty be reappointed.

**Federal Delegate's Report.**—Mr. Martin tabled a copy of the Sydney "Daily Mirror," containing a pharmacy supplement.

Mr. Martin said a very interesting letter had come forward during the month from a chemist in regard to hire purchase and a photographic deal.

**Pricing Officer's Report.**—Mr. Chater advised that he had amended the prices for certain A.P.F. preparations in accordance with the latest Drug Dispensing List. With these alterations he would also include the dispensed prices for Syrup and Linctus Pholcodin.

**Trade and Commerce Conference.**—Mr. Delahunty gave a comprehensive report of the deliberations and items discussed at this conference, which had been held in Melbourne earlier in the week.

After hearing the report, Mr. Martin complimented Mr. Delahunty. He said what he had reported to the Committee had been very interesting. He had much pleasure in moving the adoption of the report. Mr. Phillips, who seconded the motion, endorsed Mr. Martin's remarks. The motion was carried.

**Visit to Northern Zones.**—Mr. Lenehan reported that the first meeting held at Broadbeach, when chemists from Beaudesert to Tweed Heads were present, had proved very successful. It was agreed to establish a South Coast Zone, and at a later date it would be necessary for representatives of the State Branch Committee to go to Southport again to set the zone in motion. Mr. H. J. Ellway had been appointed Secretary of the zone.

Mr. Lenehan also reported on very interesting and successful meetings held in all other centres: Maryborough, Bundaberg, Rockhampton, Cairns, Townsville and Mackay. Some of these centres had problems peculiar to their own areas, and they were looking for and were pleased to accept the advice of the Guild Executives.

Summing up briefly, Mr. Lenehan said the trip was very worth while, and he knew the members who were contacted did appreciate the opportunity of meeting Guild Executives. He felt the money spent on such visits was well spent. There was nothing like personal contact for the members scattered in these major towns of Queensland.

**Establishment of North Coast Zone.**—Mr. Lenehan reported that Mr. Chater had been approached by Mr. Burnett, of Maleny, with a view to establishing a North Coast Zone, covering chemists from Caboolture to Cooroy. This area would probably include sixteen members, and until now was an area which had not been covered by a Guild visit. The Secretary had that day received a visit from Mr. Burnett. Arrangements had been made for the meeting to be held at Hotel Caloundra on September 1, at 8 p.m.

The Secretary stated that Mr. Burnett had contacted all Guild members in this area, but he was anxious for representatives of the State Branch Committee to be present at the initial meeting for the establishment of the Zone.

Mr. Lenehan said this was a good point, and he asked all members who could make the trip to Caloundra on September 1 to let the Secretary know so that the necessary arrangements could be made.

The meeting closed at 11.40 p.m.

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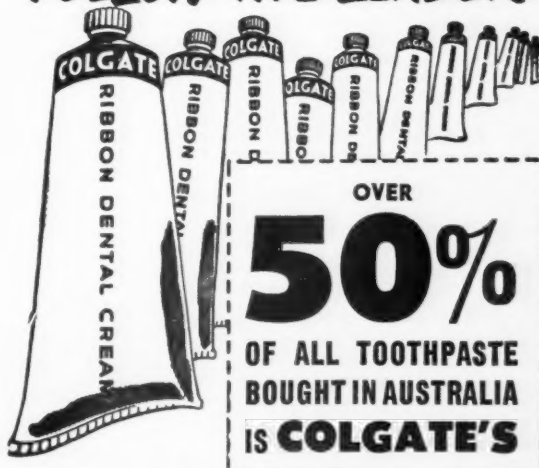
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K1308

# SOUTH AUSTRALIA

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in S.A., Mr. E. F. Lipsham.

**Mr. R. Burlinson** visited Penola at the end of July to act as locum for Mr. E. F. Williams.

**Mr. A. Haddad** is now recorded as the manager of F.S.M.A., Goodwood.

**Mr. G. Kamm** has purchased the pharmacy in Seacombe Gardens from Mr. G. Townsend.

**Mr. H. Knightley** has been assisting Mr. H. Flaherty, of Plympton, and Mr. J. H. Upton, of Glenelg.

**Mr. W. Meldrum** is now recorded as manager for F.S.M.A., Hindmarsh.

**Mr. M. I. Brady, Snr.**, assisted Mr. H. E. Martin, of Rosewater, for a few days early this month.

**Mr. A. Flower** visited Mt. Gambier during August to relieve Mr. J. McConnell.

**Mr. T. Maloney** is now registered as the manager for the Friendly Society branch at Croydon.

**Mr. M. Eckersley** spent the early days of August at R. Patrick's pharmacy in Woodville Gardens.

**Mr. R. L. Jones** spent a few days in August as locum for Mr. D. P. Jones, of McLaren Vale, and Mr. R. Crago, of Warradale Park.

**Miss E. Lokan** assisted Mr. R. Butler, of Hectorville, late in July. Mrs. J. O'Connor similarly assisted in August.

**Miss Fraser** has transferred from the Goodwood branch of F.S.M.A. to the main dispensary in King William street, Adelaide.

**Mr. J. Jelfs** spent the end of July as locum for Mr. C. Ward, of Richmond, and the beginning of August at Kingston, under engagement by Mr. W. Murton.

**Mr. J. Cacas** has opened a pharmacy in Gonger street, Adelaide, just west of the entrance to the market. Mr. L. Bajev is recorded as manager.

**Mr. K. Frost**, of Kirkcaldy, has moved his pharmacy into larger premises around the corner from his old location.

**Miss E. Laffer** will return to Streaky Bay for the first weeks of September to allow Mr. R. Taylor to have a holiday break. She spent a few days recently as relieving manager with Mr. E. C. Sauer.

**Miss Heron**, of the Friendly Society Medical Association, Croydon, has returned to Scotland after making an extensive tour of Eastern countries on the way home.

**Mr. D. Saies** opened his new pharmacy on Grange road, Flinders Park, early this month. The vacant managership of Freemans—Enfield was filled by Mr. D. Buik.

During July **Mr. J. J. Kelly** acted as relieving manager for Mr. W. Rice, Enfield North; Mr. A. Sims, of Wastell & Co. Ltd., King William street, Adelaide; and Mr. N. Cumming, of Cleve, on the West Coast. He is now managing Rasheed's Pharmacy in Orroroo.

News from **Bob Brice, Don Farley** and **Ron Medlow** tells of visiting the museum in Heidelberg Castle and viewing centuries old relics of pharmaceutical interest. Having visited most European countries, they are now touring the Scandinavian peninsula.

**Inhalation of Tablet Suspected Cause of Death.**—It is thought an inhaled tablet may have caused the death of a ten-month-old Kilburn girl during the month. The child, Rosslyn Kathleen Briske, of Cromwell road, became suddenly ill at home and died soon after admission to Adelaide Children's Hospital.

## ENGAGEMENT

The engagement was announced on August 13 of Fay, younger daughter of Mrs. C. Paterson, of Mile End, and the late Mr. Paterson, to Malcolm, only son of Mr. and Mrs. R. A. Abbow, of Townsville.

## WEDDING

**Gibson—Horwood.**—Elaine Emmalene, daughter of Mr. and Mrs. Cyril Gibson, of Westbourne Park, married James MacBryde, son of Mr. and Mrs. K. M. Horwood, of Malvern, in St. Columba's Church, Hawthorn, on August 16.

## BIRTHS

**Scarman** (nee Holbrook).—On August 2, at Burnside War Memorial Hospital, to Lynette and Graham—a daughter (Deborah Anne).

**Mudie.**—At Memorial, on July 21, to Robert and Jill—a son.

**Ball** (nee Pengilley).—On July 13, in the Angaston District Hospital, to Margy and Peter, of Mitcham Park—a daughter.

## PHARMACY BOARD

## Monthly Meeting

The Pharmacy Board of South Australia met at 27 Grenfell street, Adelaide, on July 16, at 7.45 p.m.

**Present.**—Mr. K. S. Porter (President) in the Chair, Messrs. D. C. Hill, E. F. Lipsham, B. F. Mildren, L. A. Craig, R. C. McCarthy, G. L. Burns, and the Registrar.

**Correspondence.**—Letters to and from Mr. A. L. Pickering, Q.C., expressing regret at serious illness and acknowledging, advising progressing satisfactorily.

To the Government Statist advising details of registrations for the year 1957.

From Messrs. Martin & Tonkin, advising retirement of Mr. J. C. Measday from partnership.

Minutes of meeting of Poisons Schedules Advisory Panel of Victoria: Mr. McCarthy submitted a report covering items of interest in the minutes, and at the request of members, agreed to submit further details to the August meeting on specific items.

From P.A.A., enclosing copy of letter from Department of Customs and Excise on proposal to limit supplies of rectified spirit to one gallon a month on application, and asking views of Board on proposal. The Registrar was directed to reply advising that it was not the province of the Board officially to offer any comment on the proposal, but that members who were in retail practice had expressed the opinion that they agreed with the proposition put forward.

**Civil Defence School:** The Registrar advised that the Council of the Pharmaceutical Society had considered the proposed November/December Civil Defence School at Macedon, and had decided that the nominee from this State should be one of the four representatives who had attended the June School, the decision to be made by a meeting of those representatives. Messrs. K. S. Porter and D. C. Hill agreed with the view of members of the Council, and the suggested action was endorsed.

**Finance.**—Accounts totalling £850/1/5 were passed for payment.

**Registration of Indentures.**—Authority was given to the Registrar to complete the registration of indentures in accordance with the regulations. Approval of one



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- **BACKED BY THE  
BIGGEST NATIONAL  
ADVERTISING  
CAMPAIGN!**
- **FASTER TURNOVER  
FOR BIGGER PROFITS!**



## SOUTH AUSTRALIA—Continued

transfer was granted, and the change of name of an apprentice by Deed Poll was duly noted.

**Certificates of Identity.**—Letter from Mr. J. Culham, of N.S.W., asking procedure for registration in South Australia, and letter advising.

**Certificate of Identity and certified photograph** of Mr. D. A. Hislop was received from Pharmacy Board of N.S.W.

**Relievers.**—Mr. T. F. Christie to Mr. W. H. Skewes. Mr. M. R. Eckersley to Mr. J. G. Caught. Mr. A. M. Flower to Mr. G. M. Smylie. Mr. G. R. Goldsack to Messrs. N. L. Carrig, D. P. Conley and J. Maxwell. Mr. J. R. Jelfs to Messrs. C. Ward and J. B. Kildea. Miss E. B. Lokan to Mr. A. B. Field. Mr. C. Parker to Messrs. K. S. Rodger, J. Woollard and N. D. Jolly. Mr. W. L. Richards to Mr. G. T. Moroney. Mr. E. H. Wheeler to Messrs. R. C. Gray and E. L. Hammat. Mr. V. J. Moriarty to Mr. R. W. Phillips.

**Message of Sympathy.**—Before closing the meeting, the President referred to the death of the son of Mr. G. W. Spencer in the tragic circumstances of an air crash. Members asked the Registrar to forward their sympathy to Mr. Spencer in the circumstances.

### AUGUST MEETING OF PHARMACY BOARD

The Pharmacy Board of South Australia met at 27 Grenfell street, Adelaide, on August 11, at 7.45 p.m.

**Present.**—Mr. K. S. Porter (President) in the chair, Messrs. G. L. Burns, B. F. Mildren, L. A. Craig, E. F. Lipsham, D. C. Hill and R. C. McCarthy and the Registrar.

**Correspondence.**—To Pharmaceutical Association of Australia, conveying personal comments of members on proposal of Department of Customs and Excise re rectified spirit.

To Inspector C. C. Moody, expressing regret at sudden illness, and best wishes for a speedy recovery. The Registrar reported that Mr. Moody was at present convalescing and showing steady improvement.

To Pharmaceutical Council of W.A., acknowledging receipt of request for information on Dangerous Drugs, and advising reference to Department of Public Health for direct reply.

To Mr. G. W. Spencer, expressing sympathy in recent bereavement.

Copy of minutes of meeting of Poisons Schedules Advisory Panel of Victoria was again tabled. Mr. McCarthy submitted a brief final report.

The 81st annual report of the Pharmacy Board of Victoria received together with brochure setting out the functions and policy of that body. Mr. Hill agreed to examine the report and brochure and report thereon at the September meeting.

**Apprentices.**—Letter to Mr. N. L. Smyth, thanking him for the work carried out on Galenicals, Set III, and his expeditious manner of handling.

**Finance.**—Statement for the month of July was submitted and adopted, and accounts totalling £7/15/6 were passed for payment.

**Inspector's Report.**—The Inspector's reports of the previous month's inspections were reviewed.

**Registration of Indentures.**—Authority was given to the Registrar to complete the registration of indentures of four apprentices in accordance with the regulations. Eight assignments were also registered.

**Removal from Register.**—The Registrar was directed to remove from the Register the name of E. W. Sullivan (deceased).

**New Pharmacy.**—Letter from Mr. D. Saies, advising opening on Grange road, Flinders Park, on August 4.

**Relievers.**—Mr. R. L. Burlinson to E. F. Williams; Mr. M. R. Eckersley to Mr. R. R. Patrick; Mr. A. M. Flower to Mr. J. S. McConnell; Mr. M. I. Brady to Mr. H. E. Martin; Mr. J. R. Jelfs to Mr. C. H. C. Ward and Mr. W. M. Merton; Mr. R. L. Jones to Messrs. D. P. Jones and R. A. Crago; Miss M. E. Laffer to Messrs. E. C. Sauer and

R. N. Taylor; Miss E. Lokan to Mr. R. J. Butler; Mr. H. A. Knightley to Messrs. J. H. Upton and H. N. Flaherty; Mr. W. G. Meldrum to Miss P. Stanley, and Mrs. J. O'Connor to R. J. Butler.

**Warning Caps.**—In view of the greatly diminished demand for warning labels, it was resolved that no further consideration be given to the proposal previously brought forward to provide supplies of warning caps for containers.

## PHARMACEUTICAL SOCIETY

### Council Meeting

The Council of the Pharmaceutical Society of South Australia met at 27 Grenfell street, Adelaide, on July 9, at 7.45 p.m.

**Present.**—Mr. K. D. Johnson (Vice-President) in the Chair, Messrs. E. F. Lipsham, A. A. Russell, J. R. Pickering and B. G. Wandke, Miss Z. M. Walsh and the Secretary.

**Elections.**—A report was received from Mr. R. J. Guenther, Returning Officer, advising the results of the ballot conducted for Council members for the ensuing two years, viz.:

1. K. D. Johnson
2. E. F. Lipsham
3. Miss Z. M. Walsh
4. K. G. Phelps

and that Messrs. K. D. Johnson and E. F. Lipsham and Miss Z. M. Walsh were declared duly elected for that period. The report added that ballot papers were sent to 558 members and 305 papers were returned. This constituted a 54.7 per cent. effective vote compared with 44.7 per cent. for 1957.

The Chairman then declared all offices vacant and the Secretary took the Chair.

**Election of President.**—Mr. D. F. J. Penhall being the only nominee, he was duly declared elected President for the ensuing 12 months.

**Election of Vice-President.**—Mr. K. D. Johnson was the only nominee for the position of Vice-President and was declared duly elected. He thanked members for the confidence which they had shown in him in his election for a further term, and expressed appreciation of the assistance he had received in his office during the past 12 months. In the absence of the President, Mr. Johnson took the Chair.

**Election of Honorary Treasurer.**—Mr. A. A. Russell was the only nominee for the position of Honorary Treasurer and was declared duly elected. Mr. Russell repeated that he was appreciative of the confidence shown in him by members.

**President's Remarks.**—On his arrival at the meeting, the President apologised for his lateness due to indisposition and asked the Vice-President if he would continue to act as Chairman of the meeting. Mr. Penhall thanked the Vice-President and the other members of the Council for the assistance they had given him in carrying out his duties.

**Correspondence.**—To Mr. L. Wilson, expressing regret at his illness and forwarding best wishes for recovery.

To Mr. K. G. Oswald, expressing regret at the death of his brother, to Mrs. H. Morrow expressing regret at the death of her husband, to Mrs. E. Sullivan expressing regret at the death of her husband and to Mr. G. W. Spencer expressing regret at the death of his son. The Vice-President referred to the tragic circumstances in which the death of Mr. Spencer's son had occurred. He had attended the funeral.

To Mr. G. B. MacRae, expressing regret at the death of his mother.

Letters of acknowledgment were received from those to whom messages of sympathy had been sent.

**Civil Defence School.**—It was noted that the type of instruction to be given at the November/December



## SOUTH AUSTRALIA—Continued

School at Macedon would be of a co-ordinative nature between medical practitioners, dentists and pharmacists.

Messrs. J. R. Pickering and B. G. Wandke then submitted a report covering the scope of activities of the June School. The report was received with interest, and Messrs. Pickering and Wandke were thanked both for their effort in this regard and their offer to deliver the lectures to pharmacists in due course.

It was noted that a final report on the School would be made available in the near future by the Civil Defence authorities for distribution to all pharmacists.

It was then resolved that the nominee of the Council for the December School should be left for decision by the four State representatives who attended the June School, namely Messrs. J. R. Pickering, B. G. Wandke, K. S. Porter and D. C. Hill.

**Finance.**—Statement for the month of June, 1958, was submitted and adopted, and accounts totalling £1325/13/7 were passed for payment.

**A.P.F. Revision.**—The Vice-President reported that negotiations were proceeding and he would report on the matter fully at the August meeting.

**Membership.**—It was resolved that the benefits of membership of four members be suspended in accordance with Rule 8 at the conclusion of the notice given them by letter.

Applications from Messrs. H. G. Matthews (Eng.) and J. D. B. McKenzie and Mrs. J. B. Martin were approved.

**A.N.Z.A.A.S.**—Mr. Russell reported for the Subcommittee that a booking had been arranged at Elizabeth Hotel for the buffet dinner on August 23. The report was received and the arrangements endorsed.

**Post-Graduate Talks.**—The Convenor, Mr. Johnson, submitted a report on the response received to the circular regarding proposed visits to the Southwark Brewery and the Kilkenny Glass Works. He also referred to proposed lectures of representatives who attended the Macedon Civil Defence School. The Convenor was authorised to proceed with arrangements for the Post-Graduate series.

**P.A.A. Conference.**—The Secretary submitted a short progress report and referred to the forthcoming meeting of the Executives of the various Conference Committees.

**Annual Meeting.**—It was resolved that Mr. R. A. Anderson be asked to give a talk on the lighter side of his visit abroad under a Pfeiffer Scholarship at the Annual Meeting, possibly showing some slides, if available.

### AUGUST MEETING OF THE COUNCIL

The Council of the Pharmaceutical Society of South Australia met at 27 Grenfell street, Adelaide, on August 6, at 8.15 p.m.

**Present.**—Mr. D. F. J. Penhall (President) in the chair, Messrs. K. D. Johnson, A. A. Russell, E. F. Lipsham, J. R. Pickering, B. G. Wandke and Miss Z. M. Walsh and the Secretary.

**Correspondence.**—Formal correspondence was received and acknowledged.

Dealing with the N.S.W. Pharmaceutical Society Digest for July, the Secretary drew attention to the official adoption by the University of Sydney, on June 2, of the proposal for a three year full-time course of studies at the University. The course will commence in 1960, and on the successful completion of three years of full-time study the student will receive a degree. He will not be registered by the Board, however, until the serving of a further twelve months full-time in a pharmacy.

From Mr. D. K. Wilson, expressing thanks for letter to his father, Mr. L. F. Wilson, during his illness.

To Mr. J. Johnson, expressing regret at death of his father. Acknowledgment received.

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# INDEX



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The Powder — in 3-oz. sprinkler drums

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**MELBOURNE**

From Dr. T. H. Torr, seeking membership of the Society, and informed that this is limited to pharmaceutical chemists on the Board Register.

From Messrs. Martin and Tonkin, advising dissolution of partnership trading under the name of "H. E. Martin," and future partnership between H. E. Martin and P. R. Tonkin trading as "Martin & Tonkin."

From the Pharmaceutical Association of Australia, forwarding copy of letter received from the Department of Customs and Excise, re supply of rectified spirit to pharmacists, and asking for comments on the proposal to reduce the maximum quantity to one gallon per month on application. It was resolved that P.A.A. be advised that the Council sees no objection to the proposal, provided that supply is made in two gallon lots, six times a year.

To Mr. R. A. Anderson, extending welcome on his return to South Australia, and advising date of commencement of duties.

The annual report of the Australasian Pharmaceutical Publishing Co. Ltd. was received, and the Secretary quoted interesting extracts from the report, which was tabled.

**Annual Prizes.**—Consideration of the report of the Subcommittee was postponed until the September meeting.

**Civil Defence School.**—Mr. Pickering reported that no final decision had yet been made on the nominee for the November-December Macedon School.

Inquiry was made from the Pharmaceutical Association of Australia regarding cost of attending the Macedon School beyond expenses reimbursed by the Commonwealth. Reply advising that no subsidy is made by Victorian Pharmaceutical Society towards expenses of representatives of that State.

It was resolved that no further reimbursement of costs of attending the June School be made from the Society funds.

**Finance.**—Statement for the month of July was submitted and adopted, and accounts totalling £802/9/7 were passed for payment.

Letter from Mr. R. Weller, asking for information on the Conference Fund. The Treasurer submitted a draft reply to Mr. Weller and this was adopted for transmission.

**A.P.F. Revision.**—The Vice-President reported progress and said he would give further information at the September meeting.

**New Member Elected.**—Mr. J. W. Redmond.

**Post-Graduate Talks.**—The Vice-President reported that the inspection of the A.G.M. works at Kilkenny had been arranged for September 10. A circular had been prepared ready for despatch to those members who had signified their desire to attend the inspection. He was still negotiating a further meeting in the series and would report to the September meeting of the Council.

**Annual Meeting.**—The Secretary reported that preparation of accounts for the year 1957/58 had been completed and the books were in the hands of the Auditor. The Annual Report was also being prepared.

**Half-Yearly Meeting.**—The Secretary reported having tentatively booked the Shell Theatre for Monday, February 23, 1959, for the Half-Yearly Meeting. His action was confirmed and he was authorised to make the booking firm.

### THE GUILD

### S.B.C. Meeting

The State Branch Committee of the South Australian Branch of the Guild met at 61 Gawler Place, Adelaide, on August 11, at 7.30 p.m.

**Present.**—Messrs. E. L. Miller, A. A. Russell, R. R. Patrick, A. G. Lean, J. C. Measday, Walter C. Cotterell, G. P. Bartold, A. C. Holloway and L. H. Duncan, Secretary.

**Saturday Night Closing.**—The Secretary reported that the resolution passed at the last meeting of the State

## SOUTH AUSTRALIA—Continued

Branch Committee regarding Saturday night closing had been circulated to all the financial members of the Guild.

**Accreditation of Wholesalers.**—It was decided to make this the subject of a remit to Federal Office.

**Merchandising Scheme.**—Messrs. Russell, Holloway, Lean and Bartold reported upon the progress of the various groups. With the exception of the meeting attended by Mr. Lean, all the meetings appeared to have been satisfactorily attended. It was decided that each of the groups could arrange its own speakers, but that it was considered desirable for the State Branch Committee to be kept informed. This would enable the Committee to consider whether any speakers should be arranged for a larger meeting to be given to all members.

It was resolved that Mr. Howard be asked to address all the Merchandising Divisional Groups some time late in September or early October, preferably on a mid-week day, such as Wednesday.

It was further resolved, subject to Mr. Bartold's recommendation, that Mr. Patrick be authorised to invite the Soles expert to address the Burnside Group meeting to be arranged in October.

**Prices Department.**—The Secretary read a further letter received from the Prices Commissioner and also the letter sent to the Prices Commissioner. It was decided to approve the recommendation of the Sub-Committee as set out in the letter to the Prices Commissioner. The Secretary was instructed to advise the Prices Commissioner accordingly and to add that in the event of either decontrol or the Queensland scale of fees being approved, the Guild would be prepared to give an assurance in writing that before a further increase was made the proposed increase would be submitted to the Prices Commissioner for his consideration.

**Nestle's Lactogen.**—Mr. Patrick advised that Mr. Ross (Merchandising Department) was still negotiating with the company and that further advice would be forwarded.

**Relaxa Tabs.**—Correspondence from the Guild Federal Merchandising Service and H. W. Woods Pty. Ltd. were presented to the meeting, together with a statement by the President.

**Sundries Price List.**—Mr. Cotterell advised that this was receiving attention.

**A.N.Z.A.A.S. Conference.**—The Secretary advised that a circular letter would be sent to all members of the Guild within the next few days inviting them to attend the Section "O" Session.

**Ballot for Committee Members.**—The Returning Officer (Mr. Measday) declared the result of the ballot for Committee members for the two year term:

E. L. Miller	231 votes
A. G. Lean	204 votes
V. L. Mitchell	202 votes
J. Physick	192 votes
J. W. Stain	179 votes

For one year term: G. P. Bartold, 176 votes.

The unsuccessful candidates were: A. C. Holloway 131 votes, W. W. Eriksen 117 votes, J. G. Somerville 80 votes.

**Federal Remits.**—It was resolved that the under-mentioned remits be forwarded for submission to the Federal Conference:—

(1) Federal Office to take over the printing of "Guild News" for distribution in all States.

(2) Both the State Delegates to Federal Council meetings to have equal voting rights.

(3) That a uniform contract form for accreditation of wholesalers holding Guild contract lines be drawn up.

(4) That a strong protest be made to the Commonwealth Health Department in connection with wholesalers not supplying drugs in the packs set out by that department.

(5) To protest at the flat professional dispensing fee of 3/- fixed for P.M.S.

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TASMANIA: H. T. Grounds, 101 Murray Street, Hobart. B 3511, B 2370.

VICTORIA: John Kiddell, 245 Swan Street, Richmond. JB 2543.

SOUTH AUSTRALIA: Doug Toppin, 1 Balkisoch Road, Torrens Park. U 3620.

WESTERN AUSTRALIA: Geoff Martin & Son, 83 Brisbane Street, Perth. BF 1791.

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or to the Branch Offices  
in N.S.W., Q'ld, S.A. and W.A.  
Tasmanian inquiries to Head Office.

**Federal Trade and Commerce Conference.**—In view of the fact that Mr. Patrick had just returned from this Conference, it was decided that he should write a report and forward it to the Secretary for despatch to all Committee members before the next meeting.

Mr. Patrick also referred to the following matters, which he considered to be worthy of immediate reference:

"Gilseal" Cotton Wool: The final details of a new pack by Johnson & Johnson were now being finalised. Leukoplast: Distribution through wholesalers.

"Gilseal" Dyes: Certain dyes suitable for the dyeing of nylon would be marked with a red "N" on the colour card.

Coronet Soap: New line being introduced by J. Kitchen & Sons Pty. Ltd. The Secretary to write to Mr. Ross and attach copy of the circular letter of J. Kitchen & Sons Pty. Ltd., drawing attention to the 2 for 1 offer contained therein.

**Southern Drug Co. Ltd.**—The President reported on behalf of the Sub-Committee appointed to meet Mr. Williamson of the Southern Drug Co. Ltd.

It was also decided to write to Southern Drug Co. Ltd. advising that the matter had been carefully considered by the State Branch Committee and that it was decided to make no immediate decision on this matter, but to keep it under review for the next three months. It was also decided to incorporate in that letter details of the complaints received from Mr. Gordon Murrie, relating to difficulties in obtaining supplies of "Gilseal" lines.

**P.M.S. Dispensing Fees.**—The Secretary reported having written a letter of protest to the State Department of Health, which later advised that a copy of our letter had been forwarded to the Director General of Health, Canberra.

**New Member Elected.**—Geoffrey Norman Kamm, Seacombe Gardens.

**All Night Pharmacy.**—The President stated that this matter had been thoroughly dealt with at the Special meeting held on August 7, and that the matter was on the agenda for the Annual General Meeting.

**Pricing Officers' Report.**—Mr. Cotterell advised that the Prices Committee would go through the Retail Price List with a view to ascertaining the new pages to be printed by Federal Office to replace the roneo sheets that now required replacement. This action was approved.

**Portex Plastic Skin** was now definitely a Chemist Only line. Mr. Cotterell also advised that sales tax of 12½ per cent. was payable on Prescription Books following the advice he had received from the Sales Tax Department. It was decided that this should be referred to Federal Office for their information, and action if considered necessary.

**Federal Delegate's Report.**—Mr. Cotterell referred to the following matters:—

A new book, "Prescription Proprietaries Guide for Doctors and Chemists," was being published by the "A.J.P." It was urged that all members forward their subscription of £5/7/6 direct to the "A.J.P." He also referred to Wyeth, S.M.A., and dangers in certain TV advertising.

**A.N.Z.A.A.S. Section "O" Meeting.**—Secretary read a letter dated August 5, inviting members of the State Branch Committee to attend two official functions. The members present at the meeting indicated which functions they would attend.

**Returning Officer.**—It was resolved that Mr. V. L. Mitchell be appointed Returning Officer for the election of officers for the ensuing year.

**A. C. Holloway, Retiring Member of the Committee.**—The President told Mr. Holloway that he regretted he would no longer be a member of the Committee. He thanked him for his services in the past, which had proved of great value to pharmacy and also the assistance of his wife at Guild functions. Mr. Holloway replied on behalf of his wife and himself.

The meeting then closed.



# WESTERN AUSTRALIA

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in W.A., Mr. F. W. Avenell ('phone BA 4082).

**Mr. Ian Dick**, of Applecross, was a member of the W.A. hockey team which toured New Zealand recently. Mrs. R. Edwards acted as locum.

**Mr. R. W. Dalby**, of Leederville, spent his holidays at Geraldton during the month. Mr. A. V. Garbin acted as reliever.

**Mr. S. T. Hughes** acted as locum for Miss J. C. Palmer, of North Perth, whilst she spent a couple of weeks in Melbourne.

**Mr. G. P. Green** has resigned from the Public Health Administration of Papua and returned to retail pharmacy at the "Moresby Pharmacy," Port Moresby.

**Birth.**—Congratulations to Robin and Jill Coates, of Collie, on the birth of a son.

**Chemists on holidays** this month included: Mr. N. Mountain, of Maylands (Miss M. Whittle relieving); Mr. E. E. Johns, of Inglewood (Miss P. McKay relieving); Mr. J. K. Little, of Northam (Mr. J. V. Chadwick relieving); Mr. R. K. Archer, of Mosman Park (Miss D. Judd relieving); Mr. G. H. Embleton, of Manjimup (Mr. W. L. Nelson relieving); and Mr. N. Wende, of Scarborough (Miss M. Whittle relieving).

**Obituary.**—The sudden death of **Mr. M. C. Hawke** at his home in Wembley on July 29 came as a great shock to his many friends. He served his apprenticeship at Boulder and enlisted with the A.I.F. in 1914. After demobilisation he passed his Final Examination in 1919, and did relieving work for a time. From 1923 to 1940 he conducted a pharmacy at Bruce Rock, and from 1940 to 1951 at Shenton Park. We express our sympathy to his widow and family.

## PHARMACEUTICAL COUNCIL

At the Pharmaceutical Council meeting held on August 5 the resignation of **Mr. E. J. Nicholas** was accepted with regret. Mr. Nicholas was elected in 1953, and proved a valuable councillor.

An extraordinary election to fill the vacancy will be held on September 22.

## WIND BLOWS IN WINDOW

A plate glass window 10 ft. by 9 ft. in a Rockingham pharmacy was blown in during a violent wind squall about 8.30 p.m. on July 23.

The proprietor, **Mr. G. Foley**, said that rain had penetrated through the smashed window and damaged stock. The broken window was valued at about £40.

## THE GUILD

## S.B.C. Meeting

The State Branch Committee of the Western Australian Branch of the Guild met at Guild House, 61 Adelaide Terrace, Perth, on August 12, at 7.30 p.m.

**Present.**—Messrs. G. D. Allan (Chair), W. G. Lewis, R. D. Edinger, R. I. Cohen, R. W. Dalby, G. H. Dallimore, J. G. Skeahan, S. J. Wilson, J. V. Hands, A. W. Rock, D. G. White, M. H. Arnold.

**Hospital Benefit Fund Agencies.**—Correspondence between the Guild and the Hospital Benefit Fund Association was read, following a request for further agencies for Guild members in Geraldton. As a member of the State Branch Committee would be leaving for Geraldton in two weeks' time, it was decided to ask this member to inquire into the position in that town.

**New Member Elected.**—Graeme Richmond, of River-vale.

**Federal Delegate's Report.**—Mr. Dallimore reported that the Public Relations Secretariat was responsible for an excellent pharmacy supplement which appeared in a Sydney morning newspaper.

Victoria and Tasmania were getting ready to commence their National Advertising and New South Wales were now considering this project.

**Pricing Officer's Report.**—Mr. Lewis reported that all lists had been revised and sent to all chemists. A dispensing fee list and method of using same was to be printed and the new fees were to operate immediately the lists had been distributed.

As the words "Endorsed by the Pharmaceutical Service Guild" appear in advertisements in the newspapers, it was recommended that the Merchandising Department be written to, asking under what conditions Guild endorsement is given.

**Trade and Commerce Report.**—Mr. Arnold, who had only just returned from a meeting of the Trade and Commerce Committee Chairmen in Melbourne, gave a verbal report on the result of the conference. Amongst matters discussed were—Hire Purchase, Chemists Only lines, Developing and Printing, Chemists Only contracts and Price Tickets for Pharmacies.

**Tax Cards.**—As non-medical lines have sometimes appeared on the Guild tax cards, it was recommended that if any chemist is found making this mistake he be immediately contacted. It was also recommended that chemists' attention be again drawn to this matter in the monthly circular.

**NGAL-A Appeal.**—It was recommended that the members of the Guild co-operate in the distribution of the "Buy a Brick" project.

**Dispensing Fee on Ethicals.**—Following complaints that some chemists are not charging the dispensing fee on ethical preparations, it was recommended that as it is necessary to have uniformity in prices, chemists' attention be drawn to this matter in the monthly circular.

**Chemists Only Lines in Stores.**—As some Chemists Only lines are finding their way into stores, an effort is now being made by asking the P.A.T.A. to co-operate when the Chemists Only line is listed on the P.A.T.A. list. It is hoped that this might be a solution to our problem.

**Offer by Chemist.**—A letter was received from a member of the Guild, offering to contribute £25 towards a fund the object of which would be to improve the professional standard of the pharmacist. As no concrete proposition was put forward it was decided to forward copies of correspondence to Mr. Attiwill for his comments.

**Resignation of Mr. White.**—Owing to pressure of work, Mr. Dan White tendered his resignation as a member of the State Branch Committee. Mr. Allan, in proposing the health of Mr. White, remarked on Mr. White's valuable services to the Guild.

Mr. White, in replying, stated that it was only the pressure of other work and meetings that caused his resignation from the committee. He thanked the President and members for their good wishes.

**Students' Conference in January.**—As N.A.P.S.A. will be holding their annual conference in Perth in January, 1959, it was recommended that the State Branch of the Guild put on a 5.30 p.m. function, the final arrangements to be left in the hands of the President and Secretary.

The meeting closed at 11 p.m.

# TASMANIA

## PERSONAL and GENERAL

### State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in Tasmania, Miss M. L. Williams, 276 Argyle St., North Hobart ('phone B 1010).

Mr. Arthur Smith intends to have a quick trip to Melbourne at the end of August.

Welcome to Miss Joan Beulke, of Victoria, who has come to work in Hobart for three months.

We also welcome Mr. Fuller, of Victoria, to Tasmania.

Our best wishes to Mr. Bill McLeod in his new venture. Mr. McLeod is taking over Mr. D. E. Fuller's pharmacy toward the end of August. We wish Mr. Fuller ("Dickie") a very good "rest" on holiday.

We are pleased to hear that Mr. F. H. Cartledge, of Launceston, is recovering from his illness. We are also glad to know that he has recovered his car, which was stolen while he was in Hobart.

## HENRY FRANCIS & CO. OPEN IN HOBART STORE

The opening of the Henry Francis & Co. pharmacy in FitzGerald's store in Hobart was given prominent notice in the "Saturday Evening Mercury" on July 19. This issue of the paper carried a photographic illustration of the new pharmacy under the caption "Carrying on a century-old tradition of service and progress—the new retail pharmacy of Henry Francis & Co. in FitzGerald's." In the letterpress a brief history of the firm was given. The founder of the firm was Henry Francis, who began his apprenticeship with his father, an apothecary in Woodbridge, Suffolk, and completed it at the famous London pharmacy of John Bell & Co. Stories of the Victorian gold rush lured young Francis to Australia in 1852. He decided that he was not meant to be a miner. Soon he was driving around the countryside from one mining camp to another in a hired dray hawking his wares, which included Holloway's Pills and sundry other goods.

Subsequently he tried his hand at grazing, droving, slaughtering cattle, etc., and it is recorded in the firm's archives that he gave refuge one night to Ben Hall, the bushranger.

In 1854 the Pharmaceutical Society of Great Britain elected him to membership, and he became part-owner of a pharmacy at Kyneton.

The first link with Tasmania came in 1862, when Henry Francis married the daughter of Governor Lavender, of the penal settlement on Maria Island.

About that time Henry Francis bought premises in Bourke street, Melbourne, and in 1870 was joined by George Swift, the firm being known as Francis and Swift.

George Francis, Henry's eldest son, was apprenticed to his father in 1880, and went into the business with him after completing his training in England. When his father died in 1905 George succeeded him, and when he disposed of the business for health reasons Messrs. D. A. Cossar, H. E. D. Stevens and J. C. Pickford bought it in 1919. Today the partners are Mr. D. A. Cossar, Miss J. M. Caird, Mr. N. C. Cossar and Mr. L. M. Heydon.

## PHARMACEUTICAL SOCIETY

### General Meeting

A General Meeting of members of the Pharmaceutical Society of Tasmania was held at 47 Murray street, Hobart, on July 17, at 8 p.m.

**Present.**—Mr. L. J. McLeod (Chairman) and 30 members.

**Civil Defence.**—Mr. B. J. Shirrefs gave a very informative talk on information he had gathered whilst attending the Civil Defence School for Pharmacists held at Macedon, Victoria.

The details he conveyed in regard to Civil Defence under Atomic War Conditions was of considerable value to members.

**Presentation.**—Mr. McLeod presented a brief case to Mr. Brammall as a token of appreciation of members for Mr. Brammall's long service with this Society, he having been a member since 1933 and a Councillor since 1935.

Mr. Brammall was resigning from the Council owing to his transferring to live in Brisbane.

The meeting closed at 9.30 p.m.

## AUGUST MEETING

The Council of the Pharmaceutical Society of Tasmania met at 85 Elizabeth street, Hobart, on August 11, at 6.15 p.m.

**Present.**—Mr. L. J. McLeod (Chairman), Messrs. B. J. Shirrefs, E. H. Shield, C. A. Robertson, W. G. Webb, and the Secretary.

**Full-Time Pharmacy Course.**—The Committee inquiring into the desirability of having a full-time course for Pharmacy presented a draft letter for forwarding to the Director of Education proposing two years full-time at the Technical College and University followed by two years in a pharmacy.—The meeting approved the letter.

**Council Vacancies.**—The President drew attention to there being two vacancies on the Council—one for a northern member and one from the south.

The Secretary was instructed to approach Mr. D. Tremayne, inquiring if he would take Mr. Brammall's place for the balance of this year when his term expired.

**Kodak Travelling Scholarship.**—Details of the 1958 Kodak Travelling Scholarship were received.

**Australasian Pharmaceutical Publishing Co. Ltd.**—The Annual Report was received.

**Pharmacy Supplement.**—The Pharmacy Supplement published in the Sydney "Daily Mirror" was received. Members considered this was a particularly good production and asked that a letter of appreciation be forwarded to Mr. Attiwill.

**Next General Meeting.**—Mr. Shield advised that Dr. N. D. Abbott had agreed to address members at our next meeting, which will be held on September 18. Arrangements for the room were left with the Secretary.

The meeting closed at 7 p.m.

## TASMANIA—Continued

### THE GUILD

### S.B.C. Meeting

The State Branch Committee of the Tasmanian Branch of the Guild met at 73 Liverpool Street, Hobart, on Monday, July 28, at 8 p.m.

**Present.**—Mr. G. M. Fleming (Chairman), Messrs. A. G. Gould, K. H. Jenkins, A. G. Crane, C. A. Robertson, L. W. Palfreyman, D. R. Crisp, E. H. Shield and the Secretary.

**Publicity and Merchandising Plan.**—The Chairman reported that 71 replies had been received to the circular and that deductions would be commenced on purchases for the month of July.

**Northern Division Minutes.**—Minutes of a meeting of the Northern Division held on July 23 were received.

**Financial.**—Accounts totalling £708/6/11 were passed for payment.

The Treasurer reported that the Branch would be a little short on balancing its budget for the year. The Chairman said this position had been reached only by having made a charge of £10/10/- per annum for the Pricing Service. The meeting considered that if the Branch remit to have Pricing Services taken over by the Federal Office was not passed, they should ask for a subsidy to reduce this cost to members.

**Diminutives.**—A letter was received from Cados Pty. Ltd., advising that Diminutives are not available through any wholesale channel in Tasmania. The meeting decided the Federal Secretary be advised of this position.

**"Family Chemist" Broadcast.**—The change of time for the broadcast of the "Family Chemist" series was discussed. Members considered that they were not getting results from the morning session to the same extent that they had from the evening session last year.

**Rectified Spirit.**—Advice was received from the Pharmaceutical Association of Australia regarding the proposal by the Customs Department to reduce the quantity of Rectified Spirit to chemists from two gallons per month to one gallon per month.

It was considered that the proposal was satisfactory, as any chemist having the need for more than one gallon per month could obtain same as a regular supply.

**Federal Trade and Commerce Meeting.**—The agenda for the forthcoming Federal Trade and Commerce meeting was considered in detail and notes prepared for our representative.

Mr. Robertson reported on considerations by the Trade and Commerce sub-committee in regard to the list of Chemist Only lines.

Both Mr. Robertson and Mr. Shield showed a set of sample price tickets and holders, both in cardboard and plastic of different sizes, and Mr. Robertson undertook to forward these to Mr. Bevan Browne for the meeting.

**Annual General Meeting.**—It was resolved that the annual general meeting be held in Hobart on August 28.

**Election of S.B.C.**—The meeting approved that the election of members to the State Branch Committee be held on August 26, and Mr. C. A. Robertson was appointed Returning Officer.

**Pharmaceutical Benefits.**—Members objected to the method of notification of the change of quantity of Sulpha Drugs under the National Health Scheme.

It was decided to advise the Federal Secretary of the feelings of the meeting.

The meeting closed at 10.15 p.m.

### AUGUST MEETING OF THE S.B.C.

Meeting held at Hobart on August 12, at 8 p.m.

**Present.**—Mr. G. M. Fleming (Chairman), Messrs. A. G. Gould, K. H. Jenkins, D. R. Crisp, A. Fennell, C. A. Robertson, J. B. Warland Browne, A. G. Crane, L. W. Palfreyman, G. S. Copeland, E. H. Shield and the Secretary.

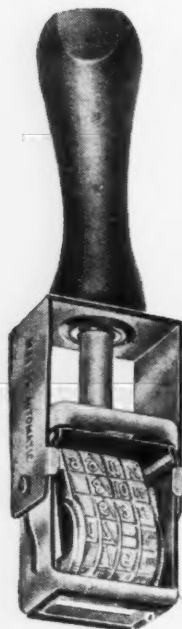


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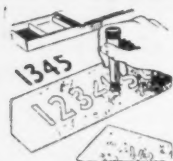
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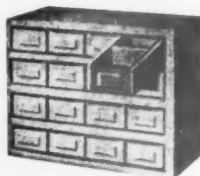


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**Sulpha Drugs.**—Mr. Crisp reported on steps taken by the Federal Council in regard to the reduction of the quantity of Sulpha Drugs under the P.B.A.

**Coronet Soap.**—A letter was received from J. Kitchen & Sons Pty. Ltd., advising details of its new Coronet Soap and its proposed marketing scheme.

As this scheme would not be satisfactory to the Guild in its present form, members decided to take no action in the matter pending negotiations which would have to come from the Federal Office.

**Leukoplast, Leukoplastic and Handyplast.**—A letter was received from Macbrane Agencies Co., regarding the availability of these adhesive dressings.

Members stated that they considered these dressings were of a very high standard and justified the full support of the Guild.

Mr. Robertson undertook to prepare a circular to be forwarded to members.

**Annual Report.**—A draft annual report was submitted and approved for circulation to members.

**Trade and Commerce Conference.**—Mr. Bevan Browne expressed appreciation for the opportunity to attend this conference, which he considered was of great benefit, both for the work carried out and for the exchange of experiences between representatives.

He gave a comprehensive report on each item discussed at the conference, showing the considerable progress being made in most lines confined to chemists.

The Chairman thanked Mr. Browne for his very concise report, and members expressed their appreciation.

**Publicity and Merchandising Plan.**—The Chairman reported that those who had not come into this plan were mainly country members, to whom further details of the operation of the plan within their area should now be submitted.

A complete brochure of the proposed advertising programme was received from Nichols Cumming and Staff Advertising Pty. Ltd. It was decided that this plan should be examined by each member of the Committee, and that a meeting be held on September 9 to finally consider the proposals.

**Trustees.**—The meeting agreed that the trustees for the plan would be the Federal Delegate and the Branch Treasurer.

**Next Meeting.**—It was decided that the next meeting of the S.B.C., which would be the first after the annual general meeting, be held in September, at Campbell Town, after receipt of the Federal Council Agenda.

The meeting closed at 9.45 p.m.

## STUDENT SHORTAGE

A correspondent in "The Pharmaceutical Journal" writes:

The shortage of pharmacists is sometimes partly attributed to the lack of interest shown in our calling by teachers and careers-masters in the schools, but the Society has taken action to remedy this state of affairs by participating in various exhibitions.

I was interested to read in the "American Druggist" that Dr. Louis Zopf, chairman of the American Association of Colleges of Pharmacy, has noted a decline in the number of pharmacy students, which he claims is due to college chemistry teachers "selling pharmacy short," as they are uninformed and unappreciative of the opportunities offered through the profession of pharmacy.

He says that with respect to future enrolments "we must be realistic and recognise the impact of the 'Sputnik' and 'Jupiter-C' satellite. The popularity of a major in science is on the up grade, and this will affect the available supply of students for all the professions." When I glance through the pages of newspaper advertisements which call for engineers and scientists, I am inclined to support Dr. Zopf's view that our better students may be siphoned off to the more spectacular sciences.



## Commonwealth News

### R.A.A.M.C.

It is announced in the Commonwealth Gazette (24/7/58) that **Lieutenant J. C. Tyllyer** is transferred to the Reserve of Officers—R.A.A.M.C. (Pharmaceutical) (Southern Command), March 31, 1958.

### PROCLAMATION UNDER SPIRITS ACT

A notice published in the Commonwealth Government Gazette of July 31, 1958, proclaims that Spirits Act By-Law No. 1 published in Gazetteer No. 5, dated January 26, 1958, is further amended by adding to the list of "Medicines for external human use" the name of the following preparation:

Intralgin (manufactured by Ricke Laboratories Australia Pty. Ltd.).

### MISS D. K. LARGE IN SOUTH AFRICA

Miss Dorothy Large, a lecturer in pharmacy at the University of Sydney, was a visitor to the South African Pharmaceutical Conference in Durban in April and was invited by the President to join the General Council in one of its sessions. The South African Pharmaceutical Journal states that Miss Large followed the debate on pharmaceutical education with keen interest.

Miss Large at the time was on five months leave from her Department, to make a survey of pharmaceutical education in the Union. She visited all technical colleges and two universities in South Africa which conduct pharmaceutical training. Miss Large stated that in N.S.W. the pharmaceutical course occupied three years. There was no shortage of recruits, she said, and about 50 per cent. of those entering passed the examinations.

She expressed the opinion that an exchange of graduates between South Africa and Australia was an idea worthy of consideration.

### DR. J. MELVILLE JOINS C.S.I.R.O. EXECUTIVE

His Excellency the Governor-General has been pleased to appoint Dr. James Melville as a part-time member of the executive of C.S.I.R.O.

Dr. Melville is Director of the Waite Agricultural Research Institute at the University of Adelaide, and brings to the executive a wide knowledge of agriculture.

He graduated from the University of New Zealand with the degree of B.Sc. and later was awarded the degree of M.Sc. with first-class honours in chemistry. From 1932 to 1934 he did post-graduate work at the Imperial College of Science and Technology, London, and received the Ph.D. degree of the University of London. Dr. Melville then spent two years at Yale University on a Commonwealth Fund Fellowship, joining the staff of the Wheat Research Institute, Christchurch, New Zealand, in 1936.

In 1938 he transferred to the Plant Chemistry Laboratory of the New Zealand Department of Scientific and Industrial Research and was Director of the Laboratory from 1939 to 1951. He was appointed as Director of the Grasslands Division of the D.S.I.R. in 1952 and took up his present appointment at the Waite Institute in 1955. During the war he held the rank of Captain and served in the South and South-West Pacific.

Dr. Melville has published a large number of scientific papers on biochemistry and agriculture.

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# NEW SOUTH WALES

## PERSONAL and GENERAL

## State News

Members desiring publication of personal items of interest are invited to write or telephone details to the Journal Correspondent in N.S.W. Phone BU 3092.

*A fanatic is one who can't change his mind and won't change the subject.*

—Sir Winston Churchill.

**Mr. F. E. Westley** has purchased the pharmacy at 78A Burwood road, Burwood.

**Mrs. B. M. Plaskitt** has purchased J. W. Robinson's pharmacy, 17 Simpson avenue, Coniston.

**Mr. H. S. Price** has established a pharmacy in Philip Mall, off Kendall street, West Pymble.

**Mr. Gregory W. Yum** has purchased Mr. A. Segal's pharmacy, 379 Gardeners road, Rosebery.

**Mr. J. W. Wood** has purchased Upton's pharmacy, 189 Windsor street, Richmond.

**Mr. D. G. Willis** has purchased Mr. P. C. Hall's pharmacy, 1 William street, Raymond Terrace.

**Mr. Gordon Sanson** has established a new pharmacy at 236-8 Cumberland road, Auburn.

**Mr. A. V. Redler** has opened a pharmacy at 51 Bay street, Double Bay.

**Mr. J. R. Harris** has purchased Mr. Max Owen's pharmacy, 32B John street, Lidcombe.

**Mr. D. J. Pitcairn** is in business in High street, Swansea.

**Mr. W. R. Dunlop** has purchased the pharmacy at 677 Botany road, Rosebery.

**Mr. J. J. Conolly** is in business at 697 Darling street, Rozelle.

**Mr. J. H. Ainsworth** has purchased the pharmacy at 125 East street, Narrandera.

### A.N.Z.A.A.S. CONFERENCE

Official representatives at the A.N.Z.A.A.S. Conference, Adelaide, from New South Wales were Mr. K. H. Powell, President of the Pharmaceutical Society of New South Wales, and Mr. L. W. Smith, President of the New South Wales State Branch of the Guild.

A large contingent from the Pharmacy Department in the University of Sydney presented papers at Section "O."

### WHOLESALE DRUG CO. CHAIRMAN

It is pleasing to announce that **Mr. C. G. Gostelow** has been appointed as Chairman of Directors of the Wholesale Drug Co. Ltd.

**Mr. Gostelow** (an ex-councillor of the Pharmaceutical Society of N.S.W.) was recently elected as Chairman of the Pharmacy Board.

Each position is one of great importance, demanding experience and ability of high order.

### PHARMACY BALL

The 1958 Pharmacy Ball was held at the Trocadero, Sydney, on August 11. This glittering function was attended by nearly 800 dancers. The Pharmacy Ball is one of the social highlights of the year in Sydney, and the 1958 ball was no exception.

The President of the Pharmaceutical Society of New South Wales, Mr. K. H. Powell, and Mrs. Powell entertained their friends, representing kindred organisations, at the official table, which was tastefully decorated with exquisite blooms.

### CHILDREN TOOK "WHITE PILLS"

The "Daily Telegraph" reported on August 20 that one of three children found unconscious recently said he had found "a bottle of little white things."

Police believe the "little white things" were phenobarbitone tablets, and that the children ate all the tablets in the bottle.

The children are George Rend, 9, of Kurrajong North, and his sisters, Anna, 5, and Ilona, 4.

A friend of the Rend family, Mr. A. G. Walker, found the children unconscious on a bed in their home; the children were still unconscious when Mrs. Rend returned from work. She called an ambulance, which took them to Windsor District Hospital, and later to the Royal Alexandra Hospital for Children, at Camperdown.

The children regained consciousness the following day, and their condition was satisfactory. Doctors said the children had not suffered food poisoning; they said they seemed to have taken some drugs or poison. Police searched the Rend home, but could find no poison or drug.

### APPRENTICESHIP IN PHARMACY TO BE ABOLISHED

The Minister for Health (Mr. Sheahan) announced recently that a pharmacy degree course at Sydney University would replace the chemists' apprenticeship system by 1960.

Mr. Sheahan said the Pharmacy Act had been amended in 1952 to provide for a full-time, three-year University course. The amendment provided for a course to degree or diploma standard to replace the apprenticeship system at an early date.

Students completing the course would follow it with a year's practical experience as an assistant to a registered pharmacist.

Mr. Sheahan said lack of accommodation at Sydney University had delayed introduction of the course. This would soon be overcome. Two large laboratories in the old chemistry building had been modernised for pharmacy students.

Mr. Sheahan said he expected the Pharmacy School would be fully housed in the old Chemistry School early next year.

The 1952 Act would be brought into force on May 1 next year.

No more apprenticeships could be arranged after that date, but this would not affect apprenticeships begun before then.

New South Wales would be the first State to abolish the apprenticeship system and raise the standard of pharmaceutical education to degree status.

### REPORT ON NEWCASTLE VISIT

The President of the Pharmaceutical Society, Mr. K. H. Powell, and the 1959 Woods Scholar, Mr. R. E. Thomas, were present at the monthly meeting of the NHVPA held in Winn's Auditorium on July 16, at 8.30 p.m.

After the President of the NHVPA, Mr. N. Smith, had welcomed the visitors, and the meeting had dealt with certain local matters, Mr. Smith called on Mr. Powell to address the meeting.

Mr. Powell stated that the principal reason for his presence was to introduce Mr. Thomas, of the University staff, who would go to England next year as the Woods Travelling Scholar. However, there were a few points he would like to make.

The "call" had been highly successful, and the money was being put to good purpose in the new pharmacy school in what had been the old Chemistry Building.

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Enquiries are invited from Chemists in N.S.W.

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### or Hairdressing Salon ...

ARCHITECT: HARRY SEIDLER

The main problem in designing the new Elizabeth French Salon in Hurstville, N.S.W., was to achieve an appearance of comfort and elegance, yet reduce maintenance to such a degree that this appearance could be preserved permanently with a minimum of upkeep. Hence the architect's choice of Vinylflex Tiles throughout.



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## NEW SOUTH WALES—(continued)

The full three-year course of training had again been recommended by the Senate of the University, with the important addition that it was to commence in 1960. The Minister for Health, Mr. Sheahan, had stated that the Government would proclaim the Act to operate in 1960. Thus next year, 1959, would be the last year for the indenturing of apprentices. Thus was brought to a satisfactory conclusion a long-fought policy of pharmacy.

The policing of the Poisons Act was stressed by Mr. Powell, with the necessity for all members of pharmacy to act as professional men and not merely traders. The Society would not help any person charged with having breached the Act.

Mr. Thomas then gave a talk on the preparation of eye drops by the APF method, and emulsifying agents used in the APF with practical demonstration. He was then asked many questions related to the subject, and also on many unusual formulations with which the members had been concerned.

Mr. Powell was asked if it was legal for a wholesaler to supply items listed in the Poisons Act to private hospitals and nursing homes. According to the Act the answer is NO.

"How much would the new graduate be paid after he had completed his training, but before registration," was another question. On this Mr. Thomas replied: "No man in this country knows the answer, whoever he may be, as it is a matter that would have to be determined by the Industrial Court."

Mr. Sam Morris then proposed a vote of thanks to the Sydney visitors, stressing the advantages of such lectures. He trusted that more would follow, and that Mr. Powell would return to the zone soon.

Mr. Powell thanked the members for their courtesy and consideration.

### HURSTVILLE DISTRICT CHEMISTS' ASSOCIATION

In the annual report of the President (Mr. E. T. Harrington) it is recalled that at the formation of the Association on June 20, 1957, it was stated that the object of the zones was the strengthening of Pharmacy and a more rapid dissemination of information. With so many organisations and individuals sniping at the hard-won privileges and benefits of Pharmacy, without the attendant responsibility, it is desirable that we consolidate and preserve our status. Almost daily instances occur where traditionally pharmaceutical lines are being usurped by grocers and chain stores.

"With this thought in mind it is deplorable that business meetings were so poorly attended. You, the individual, are the zone and we can only be as successful as the least interested member. That person is prepared to enjoy the fruits of others' endeavour without contributing in any way to the effort.

"I wish to thank those firms which gave such unstinted support to the zone during the year. Whilst these firms could, perhaps, find larger and seemingly more lucrative markets elsewhere, they realise that the traditional standards of Pharmacy are their best silent salesmen. They are the staunch supporters of our policy to give to the public the protection afforded by the ethical standard of the pharmacist.

"The activities of the zone can be numerous in the professional field as well as the necessary commercial one. No pharmacist can say that his education is complete. Through the zone activities, by means of films, plant inspection and lectures, he can bring his knowledge abreast of the times and increase his capacity to serve both patient and medico. By the same means he can learn to streamline the handling and presentation of merchandise, follow overseas trends and maintain up-to-date information on new products.

"There are still several problems to be solved within the zone boundaries; among these, price cutting, illegal trading hours, and demonstration—to the more obtuse—of the value of the roster where practical. These problems represent a future exercise for the zone and

point up the value of the association for the negotiation and settlement of these differences.

The President's report concludes: "In closing, I wish to emphasise that zone membership is open to every pharmacist, be he master, manager or assistant. I can recommend no greater single factor for the advancement of the pharmacist as a professional man and community leader. It is a potent force, through the Guild, in negotiation with various Government departments, the manufacturer or the public. No better liaison instrument can be found for promoting good will and cementing relations with the medical profession, our fellow professional men and the public."

### CONTROL OF POISONOUS SPRAYS

The State Director-General of Health, Dr. H. G. Wallace, said recently that it was "a very tricky matter" to suggest banning poisonous insecticides.

He was commenting on a statement by Professor S. E. Wright, Associate Professor of Pharmacy at Sydney University, that poisons developed during the war as deadly nerve gases were being sold freely in New South Wales in a 50 per cent. dilution of water as insecticide sprays.

Dr. Wallace said some substances might be harmful to humans if improperly used, but have great agricultural or horticultural value.

"There are a lot of things which could fall into this category. Rat poisons are an example," he said. "It is already necessary for these substances to bear labels of instructions in their proper use, and warnings of precautions to be taken. There are medicines in the bathroom cupboards, and everyday commodities like kerosene, which can cause death if care is not taken."

#### Comment by Minister of Agriculture

The Minister for Agriculture, Mr. Roger Nott, said that the placing of limitations on the sale of parathion or any other poisonous substance which was a hazard to human health was a matter for the State Health Department.

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## NEW SOUTH WALES—Continued

The Pest Destroyers Act, which the Agriculture Department administered, was designed to ensure that sprays or dusts were effective in destroying pests.

### Warning on Peril Despite Labels

Professor Wright said that parathion, and to a lesser extent Tetraethyl-pyrophosphate, were the poisons being sold in 50 per cent. dilution.

Before being used as a spray, the poisons were further diluted to a considerable extent by the user.

Professor Wright said that five grains of parathion spilled on the skin was dangerous to a man. A pint of parathion could kill 700 to 800 people.

Dilution by 50 per cent. did not destroy the potency of the poison—it only reduced by half the number of people it could kill.

He said that under the Poisons Act parathion was listed in Schedule 1, Part 1, which was reserved for the most severe poisons.

Normally, poisons so listed could be sold only by pharmacists after the buyer signed the poisons register.

But parathion and tetraethyl-pyrophosphate were exempted from these precautions if they were used for agricultural and horticultural purposes and were labelled and packed according to regulations.

The poisons should be supplied only to people holding special licences. This had been recommended by a Commonwealth Health Department committee.

Professor Wright said he was a member of the Poisons Advisory Committee, and had asked it to recommend to the Health Department a stricter control of the poisons.

The Registrar of the Pharmacy Board, Mr. P. E. Cosgrave, said that in the last four or five years there had been about half a dozen deaths due to parathion poisoning in New South Wales.

Most of the deaths occurred accidentally among people using the spray in primary industry.

### PROSECUTIONS UNDER THE POISONS ACT

Name	Offence	Court	Fine	Costs
COCK, W. H. B. 68 Darlinghurst Rd. Kings Cross	Selling restricted drug without a prescription	Central	£10	£1
COCK, W. H. B. Kings Cross	Not attaching label to drug	Do.	£10	£1
SERAFIM, J. Belgenny Pharm., 389 Bourke street, Darlinghurst	Selling Aureomycin without a prescription	Do.	£10	£1
SERAFIM, J.	Not attaching label to drug	Do.	£10	£1
LEAHY, G. Eddy Ave. Pharm., Cent. Rly. Stn.	Selling Dexedrine tablets without a prescription	Do.	£5	£1
LEAHY, G.	Not attaching label to drug	Do.	£5	£1
MICHAEL, B. K. 97a Market st., Sydney	Selling Largactil tablets without a prescription	Do.	£10	£1
MICHAEL, B. K.	Not attaching label to drug	Do.	£10	£1
SEE, R. E. Sydney Drug Co., 230 Elizabeth st., Sydney	Selling Largactil Tablets without a prescription	Do.	£10	£1
SEE, R. E.	Not attaching label to drug	Do.	£10	£1
Sydney Drug Co. 230 Elizabeth st., Sydney	Selling Largactil Tablets without a prescription	Do.	£5	£1
Sydney Drug Co.	Not attaching label to drug	Do.	£5	£1
BARNETT, R. N. 103 Bathurst st., Sydney	Selling Largactil Tablets without a prescription	Do.	£5	£1
BARNETT, R. N.	Not attaching label to drug	Do.	£5	£1
SHIPP, R. T. 95 Darlinghurst rd. Kings Cross	Not having a Pharmacist in Charge	Do.	£5	£1
NAKKAN, A. H. 183 Liverpool rd., Ashfield	Selling Largactil tablets without a prescription	Burwood	£2	£1
NAKKAN, A. H.	Not attaching label to drug	Do.	£5	£1
CONOLLY, J. J. Rozelle Pharmacy, Rozelle	Selling Largactil tablets without a prescription	Balmain	£5	£1
CONOLLY, J. J.	Not attaching label to drug	Do.	£5	£1
				£129 £19

## PHARMACEUTICAL SOCIETY

## Council Meeting

The Council of the Pharmaceutical Society of New South Wales met at Science House, 157 Gloucester street, Sydney, on August 5, at 7.45 p.m.

**Present.**—Councillors K. H. Powell (Chairman), E. G. Hall, K. A. Cartwright, M. Sweeney, S. E. Wright, S. Palfreyman, B. G. Fegent, A. F. Winterton, J. F. Plunkett, G. G. Benjamin and W. R. Cutler.

**Lecture on the B.P.**—Mr. Powell said that the Stawell Hall of the Royal Australasian College of Physicians, 145 Macquarie street, Sydney, had been reserved for Monday, September 22, at 8 p.m. for a lecture on the new B.P. by Dr. S. E. Wright.

**Lecture, "The Chemotherapeutics of Cancer."**—Mr. Powell said that the Stawell Hall had also been reserved for Tuesday, October 28, for a lecture on "The Chemotherapeutics of Cancer" by Mr. Barry Brown. Associates could, of course, attend this lecture.

**Equipping of New Pharmacy Laboratories.**—Mr. Powell said upon request he had attended at the office of Nicholas Pty. Ltd. and had been given a cheque for £100. The company offered to give some "bursaries" when the new course actually started.

**Hospital Pharmacists' Organisation.**—Miss Sweeney said that a meeting had been held on July 23 at Sydney Hospital. Prior to that a Committee of seven had been elected, with Mr. Johnson as Chairman and Miss Symons as Secretary.

The name of the organisation was "The Institutional and Industrial Pharmacists' Group of the Pharmaceutical Society of New South Wales."

It was decided to solicit a list of office-bearers of the new organisation to put on record.

**Proposed Pharmacy Week.**—The President said that a report of the meeting of the Exhibition Week Committee held on July 28 had been circulated.

Mr. Plunkett said there was very little to add to the report. Reports were to hand concerning the Photographic Exhibition and the Atomic Exhibition. An interesting international photographic exhibition was current.

"The Basement of the Town Hall was a depressing place. The Trocadero would be better. More people could be put in the Trocadero," he said.

Mr. Hall inquired, "What is the appeal? In what manner do you expect to attract people to the exhibition?"

Mr. Cutler said there must be a very striking appeal. Dr. Wright said the exhibition should be on a popular scientific basis. He strongly deprecated suggestions which had been made—that hair setting, for example, should be carried on. They should demonstrate what modern science has done for the people.

Mr. Palfreyman said he still had to be convinced that the effort, time and money expended would do Pharmacy any good. He could not see the Society making any money or gathering any prestige out of it.

Dr. Wright said that a trade exhibition was the function of the Guild. The Society exhibition should be educational in character. The query was made, "What is the reason for the exhibition?"

Mr. Plunkett said, "My idea is to stimulate interest in Pharmacy commercially."

Dr. Wright: "That is not the function of the Society." Mr. Powell said that there were obviously divided opinions on the matter.

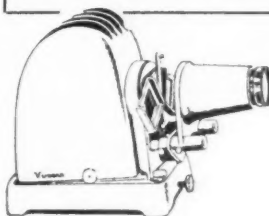
It was decided to place the matter on the Society agenda for the ordinary meeting to be held in October.

**Country Lectures.**—Mr. Powell said the lecture at Newcastle on July 16 had been very well attended, 48 to 50 being present. Mr. R. E. Thomas' address was very well received.

It was decided to arrange for a meeting to be held at Katoomba. The Zone President to be contacted on this matter.

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## NEW SOUTH WALES--Continued

Mr. Cutler suggested that another Council meeting should be held at Newcastle.

Mr. Powell said he would put this suggestion to the Executive of the Newcastle and Hunter Valley Pharmacists' Association.

**First Year Apprentices' Lectures 1958: Date of Examination and Venue.**—It was decided to write to the University seeking permission to hold the examination in the Great Hall on September 2.

**Presentation of Registration Certificates.**—All matters were in hand for the second ceremony to be held on October 21.

**A.N.Z.A.A.S. Conference, Adelaide.**—Dr. Wright said that a record number would be attending from N.S.W.

**"Daily Mirror" Supplement, Monday, 21/7/58.**—Mr. Powell produced a copy of the Supplement, which described Mr. Sheahan as an enthusiast on pharmaceutical education. Subsequently Mr. Sheahan had stated that the new course would start in 1960. A Proclamation would be issued in May, 1959, to this effect. After 1959 no more apprentices would be taken.

**Health Week 1958.**—Mr. Winterton reported that he had attended the annual meeting of the Health Week Council, and he gave a summary of the business dealt with.

**Draft Australian Standard Specification for Dispensing Measures for Pharmaceutical Purposes (Metric Units).**—In the absence of Councillor Read, Mr. Plunkett said that Councillor Read had voted for the Metric System.

Mr. Powell said that the Sydney Hospital had brought in an edict that all prescriptions must be written in the Metric System.

It was reported that students in medicine at the University were being taught the Metric System only for prescribing. This would give rise to an anomalous situation whereby prescriptions in future written in the Metric System would have to be converted before they could be dispensed by the present legal Imperial System.

It was decided to write to the Chief Secretary's Department, pointing out this anomaly, and suggesting that the Weights and Measures Act should be suitably amended and that early action be taken to stimulate the manufacture of stamped measures, Metric System.

It was further decided to inquire from Mr. Stebbins the result of the vote.

**Correspondence.**—From Central Northern Rivers Pharmacists' Association, advising this organisation was formed on July 3, incorporating the area covered by the Camden Haven, Hastings, Macleay, Namburra and Bellingen Rivers. It was decided that the Society should be represented at the next meeting of the Association.

Australian Council of School Organisations, advising that a recent conference of the Australian School Organisations passed a resolution commending the Society's campaign to educate children against the danger of accidental poisoning.

To Peck & Draper, solicitors, re refusal of Philip Stone to remove letters "M.P.S." from his window.—It was decided to make a check as far as possible on those ex-Society members who had recently resigned, to see if they had removed the letters "M.P.S." from their labels.

**Queen's Birthday Honours.**—Mr. Powell said he had received replies from Dr. Edye and Mr. Scott thanking Council for their congratulations.

**Payment of Proceeds of "Call" to the University.**—Mr. Powell suggested that a further payment of £1000 should be made to the University as a final payment for 1958 in respect of the "Call." Agreed.

Mr. Plunkett requested that the Agenda each month show the total amount received in respect of the "Call."

Mr. Hall said it would be helpful to get a rough idea of the equipment upon which the "Call" had been spent.

**Poisons Campaign—TV.**—Mr. Winterton said that Policewoman Imrie had done a very good job on TV with equipment loaned by the Society. Policewoman Imrie used this material in her TV telecast designed

to prevent accidental poisoning. She would like the cards again when they were returned from Melbourne.

It was decided to write to the Police Lecture Bureau expressing appreciation of the work of Policewoman Imrie.

**New Members Elected.**—Miss Trena Bialkowski, Botany; Frederick Nicholas Bible, Penhurst; David Reginald Cheers, West Kempsey; Stanislaus Augustine Curran, Cronulla; Neil Walter Duncan, Queenscliff; Miss Pamela June Hall, Belmore; Graham Thomas Lake, Arncliffe; Brian John Manning, Hunters Hill; Ronald Stuart Milner, Sydney; Barry John Quigley, Rockdale; and Geoffrey Arthur Turner, Hornsby.

**Advanced to Full Membership.**—Peter Peterson Wallace, Port Moresby, Papua.

**Social Activities.**—Mr. Powell said that he had attended a meeting of the City Zone Pharmacists held at the Tavern of the Seas, under the sponsorship of Burroughs Wellcome & Co. (Aust.) Ltd. Three films had been shown, followed by a buffet dinner.

He had also attended the B.M.A. Ball.

**New Pharmacy Course.**—Dr. Wright said it would be three years for a Bachelor's degree, which could be followed by a further year for the Honours Degree. Students would enrol in the Faculty of Science.

**Civil Defence School.**—Mr. Powell tabled a precis of proceedings at the recent School.

**General.**—Mr. Fegent referred to the repeating of prescriptions for restricted drugs—those which could be repeated without endorsement to that effect.

Mr. Powell said that in reference to preparations allowed to be repeated for six months without endorsement, if a prescription for such an item bore the words "repeat once," say, the pharmacist could keep on repeating it for six months nevertheless. On the other hand, if the prescription ordered ten repeats, these could be dispensed even if the prescription would then be more than six months old.

The meeting terminated at 11 p.m.

### THE GUILD

S.B.C.  
Meeting

The State Branch Committee of the New South Wales Branch of the Guild met at Science House, 157 Gloucester street, Sydney, on August 14, at 8 p.m.

Brief extracts from minutes.

**Present.**—Messrs. L. W. Smith (Chairman), W. F. Pinerua, R. W. Feller, R. S. Leece, W. G. Sapsforth, K. E. Thomas, K. W. Jordan, C. D. Bradford, J. N. Young, P. R. Lipman, R. L. Frew and K. A. Cartwright.

**Closing of Pharmacies.**—Nothing further had eventuated yet regarding interview with the Minister for Labour and Industry.

**Election of Officers (Rule 21).**—It was observed that nominations would close on August 14, for State President, Vice-President, Treasurer and Federal Delegate.

**Annual Meeting of Federal Council.**—To commence on October 26. Remits to be in by August 26.

The Chairman said he proposed to tender a number of remits bearing on four points under the National Health Act.

**New Members Elected.**—Messrs. J. H. Ainsworth, Narrandera; Warwick Richard Dunlop, Rosebery; Douglas James Pitcairn, Swansea; John Roland Harris, Lidcombe; Alexander Victor Redler, Double Bay; Gordon Sanson, Auburn; Donald Graeme Willis, Raymond Terrace; James Walter Wood, Richmond and Gregory Walter Yum, Rosebery.

**Reinstatements.**—Harold Searle Price, West Pymble; Mrs. Betty Marjorie Plaskitt, Coniston; Frederick Edgar Westley, Burwood; Peter Jesse Baldwin, Newcastle and J. J. Connolly, Rozelle.

**Dispensing Fees.**—It was resolved that the joint report of the Pricing and Dispensing Sub-Committees be received and the dispensing fees recommended be adopted, with the exception of the fees for suppositories, which will be reviewed next month.

The meeting terminated at 8.52 p.m.



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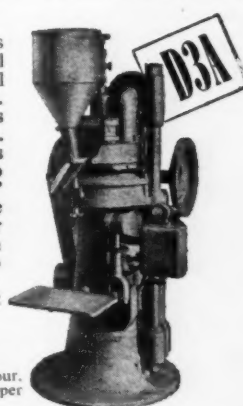
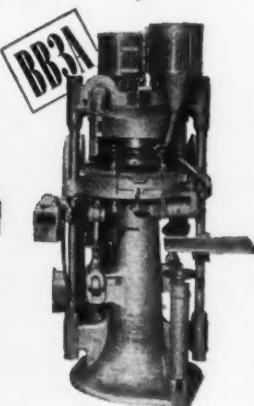
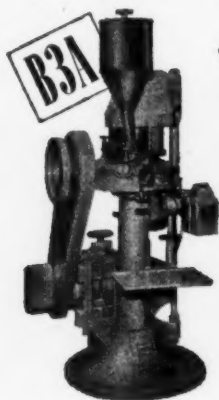
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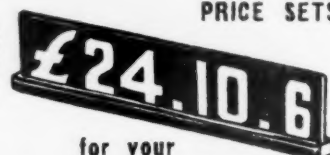
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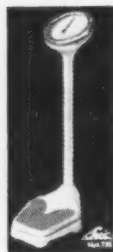
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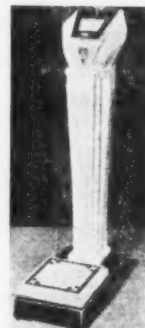
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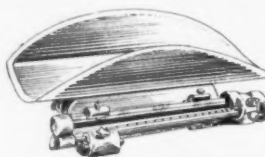
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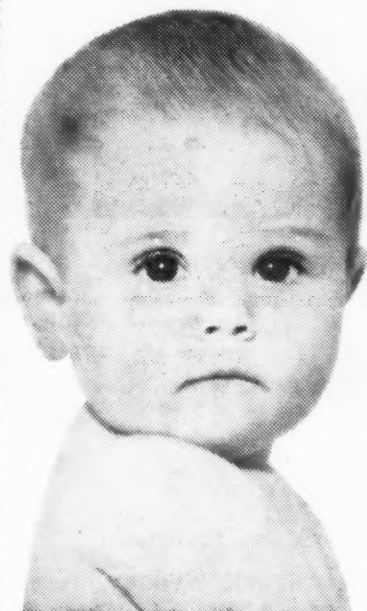
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